| Case 16-22645 Doc 1 Fill in this information to identify your case: | Filed 07/14/16 | Entered 07/14/16 15:25:48 age 1 of 67 | Desc Main |
|---|---|--|------------------------------------|
| United States Bankruptcy Court for the: | | | |
| Northern District of: Illinois (State) | | | |
| Case number (if known) | Chapter you are filing under: Chapter 7 Chapter 11 Chapter 12 Chapter 13 | | Check if this is an amended filing |

Official Form 101

Voluntary Petition for Individuals Filing for Bankruptcy

12/15

The bankruptcy forms use you and Debtor 1 to refer to a debtor filing alone. A married couple may file a bankruptcy case together—called a joint case—and in joint cases, these forms use you to ask for information from both debtors. For example, if a form asks, "Do you own a car, "the answer would be yes if either debtor owns a car. When information is needed about the spouses separately, the form uses Debtor 1 and Debtor 2 to distinguish between them. In joint cases, one of the spouses must report information as Debtor 1 and the other as Debtor 2. The same person must be Debtor 1 in all of the forms.

Be as complete and accurate as possible. If two married people are filing together, both are equally responsible for supplying correct information. If more space is needed, attach a separate sheet to this form. On the top of any additional pages, write your name and case number (if known). Answer every question.

| Pa | art 1: Identify Yourself | | |
|----|---|----------------------------|---|
| | | About Debtor 1: | About Debtor 2 (Spouse Only in a Joint Case): |
| 1. | Your full name | Ernest | |
| | Write the name that is on | First name | First name |
| | your government-issued picture identification (for | Middle name | Middle name |
| | example, your driver's | Murphy | |
| | license or passport | Last name | Last name |
| | Bring your picture identification to your meeting with the trustee. | Suffix (Sr., Jr., II, III) | Suffix (Sr., Jr., II, III) |
| 2. | All other names you | | |
| | have used in the last 8 years | First name | First name |
| | Include your married or | Middle name | Middle name |
| | maiden names. | Last name | Last name |
| | | First name | First name |
| | | Middle name | Middle name |
| | | Last name | Last name |
| 3. | Only the last 4 digits of your Social | XXX - XX6064 | xxx - xx- |
| | Security number or | OR | OR |
| | federal Individual Taxpayer | 9 xx - xx- | 9 xx - xx- |
| | Identification number (ITIN) | | |

Ernest Case 16-22645 Doc 1 Filed 07/14/16 Entered @7/14/16/145i25:48 Desc Main Debtor 1 Page 2 of 67 Document Document **About Debtor 1:** About Debtor 2 (Spouse Only in a Joint Case): 4. Any business names I have not used any business names or EINs. I have not used any business names or EINs. and Employer Identification Business name Business name Numbers (EIN) you have used in the last 8 years Business name Business name Include trade names and EIN EIN doing business as names EIN EIN 5. Where you live If Debtor 2 lives at a different address: 2545 S 14th Ave Number Street Number Street Broadview 60155 Illinois City State Zip Code City State Zip Code Cook County County If your mailing address is different from the one above, fill If Debtor 2's mailing address is different from yours, fill it in it in here. Note that the court will send any notices to you at this here. Note that the court will send any notices to this mailing mailing address. address. Number Street Number Street City Zip Code State City State Zip Code 6. Why you are Check one: Check one: choosing this Over the last 180 days before filing this petition, I have lived district to file for Over the last 180 days before filing this petition, I have lived in this district longer than in any other district. in this district longer than in any other district. bankruptcy I have another reason. Explain. (See 28 U.S.C. §§ 1408.) I have another reason. Explain. (See 28 U.S.C. §§ 1408.)

Debtor 1 Ernest Case 16-22645 Doc 1 Filed 07/Mar4/16 Entered 07/41/4/166/145i/25:48 Desc Main

Middle Name Docume Pige 3 of 67

Tell the Court About Your Bankruptcy Case 7. The chapter of the Check one. (For a brief description of each, see Notice Required by 11 U.S.C. § 342(b) for Individuals Filing for Bankruptcy (Form **Bankruptcy Code** B2010)). Also, go to the top of page 1 and check the appropriate box. you are choosing to Chapter 7 file under Chapter 11 Chapter 12 Chapter 13 8. How you will pay the ☑ I will pay the entire fee when I file my petition. Please check with the clerk's office in your local fee court for more details about how you may pay. Typically, if you are paying the fee yourself, you may pay with cash, cashier's check, or money order... If your attorney is submitting your payment on your behalf, your attorney may pay with a credit card or check with a pre-printed address. I need to pay the fee in installments. If you choose this option, sign and attach the Application for Individuals to Pay Your Filing Fee in Installments (Official Form 103A). I request that my fee be waived (You may request this option only if you are filing for Chapter 7. By law, a judge may, but is not required to, waive your fee, and may do so only if your income is less than 150% of the official poverty line that applies to your family size and you are unable to pay the fee in installments). If you choose this option, you must fill out the Application to Have the Chapter 7 Filing Fee Waived (Official Form 103B) and file it with your petition. 9. Have you filed for No. bankruptcy within the last 8 years? Yes. District Case number District Case number District When Case number MM / DD / YYYY 10. Are any bankruptcy ✓ No. cases pending or being filed by a Yes, Debtor Relationship to you spouse who is not When District Case number, if known filing this case with you, or by a Debtor Relationship to you business partner, or District Case number, if known by an affiliate? 11. Do you rent your No. Go to line 12. residence? Yes. Has your landlord obtained an eviction judgment against you and do you want to stay in your residence? ✓ No. Go to line 12. Yes. Fill out Initial Statement About an Eviction Judgment Against You (Form 101A) and file it with this bankruptcy petition.

Page 4 of 67 Document of the Document of th Report About Any Businesses You Own as a Sole Proprietor 12. Are you a sole ◪ No. Go to Part 4. proprietor of any full- or part-time Name and location of business business? Name of business, if any A sole proprietorship is a business you operate as an Number Street individual, and is not a separate legal entity such as a corporation, partnership, or LLC. If you have more than City State Zip Code one sole proprietorship, use a Check the appropriate box to describe your business: separate sheet and Health Care Business (as defined in 11 U.S.C. § 101(27A)) attach it to this petition. Single Asset Real Estate (as defined in 11 U.S.C. § 101(51B)) Stockbroker (as defined in 11 U.S.C. § 101(53A)) Commodity Broker (as defined in 11 U.S.C. § 101(6)) None of the above 13. Are you filing under If you are filing under Chapter 11, the court must know whether you are a small business debtor so that it can set appropriate deadlines. Chapter 11 of the If you indicate that you are a small business debtor, you must attach your most recent balance sheet, statement of operations, cash-flow **Bankruptcy Code** statement, and federal income tax return or if any of these documents do not exist, follow the procedure in 11 U.S.C. § 11 16(1)(B). and are you a small business debtor? No. I am not filing under Chapter 11. For a definition of No. I am filing under Chapter 11, but I am NOT a small business debtor according to the definition in the small business debtor, Bankruptcy Code. see 11 U.S.C. § Yes. I am filing under Chapter 11 and I am a small business debtor according to the definition in the Bankruptcy Code. 101(51D). Part 4: Report if You Own or Have Any Hazardous Property or Any Property That Needs Immediate Attention 14. Do you own or have $\overline{}$ No. any property that Yes. What is the hazard? poses or is alleged to pose a threat of imminent and If immediate attention is needed, why is it needed? identifiable hazard to public health or safety? Or do you Where is the property? own any property Number Street that needs immediate attention? For example, do you own perishable goods, City State Zip Code or livestock that must be fed, or a building that needs urgent repairs?

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Explain Your Efforts to Receive a Briefing About Credit Counseling

About Debtor 1: About Debtor 2 (Spouse Only in a Joint Case): You must check one: You must check one: 15. Tell the court whether you have ✓ I received a briefing from an approved credit I received a briefing from an approved credit received briefing counseling agency within the 180 days before I filed this counseling agency within the 180 days before I filed this about credit bankruptcy petition, and I received a certificate of bankruptcy petition, and I received a certificate of counseling. completion. completion. Attach a copy of the certificate and the payment plan, if any, Attach a copy of the certificate and the payment plan, if any, The law requires that that you developed with the agency. that you developed with the agency. you receive a briefing about credit I received a briefing from an approved credit I received a briefing from an approved credit counseling agency within the 180 days before I filed this counseling agency within the 180 days before I filed this counseling before you bankruptcy petition, but I do not have a certificate of bankruptcy petition, but I do not have a certificate of file for bankruptcy. completion. completion. You must truthfully check one of the Within 14 days after you file this bankruptcy petition, Within 14 days after you file this bankruptcy petition, you MUST file a copy of the certificate and payment you MUST file a copy of the certificate and payment following choices. If plan, if any. plan, if any. you cannot do so, you are not eligible to I certify that I asked for credit counseling services from I certify that I asked for credit counseling services from file. an approved agency, but was unable to obtain those an approved agency, but was unable to obtain those services during the 7 days after I made my request, and services during the 7 days after I made my request, and If you file anyway, exigent circumstances merit a 30-day temporary waiver exigent circumstances merit a 30-day temporary waiver of the requirement. of the requirement. the court can dismiss your case, you will To ask for a 30-day temporary waiver of the requirement, To ask for a 30-day temporary waiver of the requirement, lose whatever filing attach a separate sheet explaining what efforts you made to attach a separate sheet explaining what efforts you made to fee you paid, and obtain the briefing, why you were unable to obtain it before you obtain the briefing, why you were unable to obtain it before you filed for bankruptcy, and what exigent circumstances required filed for bankruptcy, and what exigent circumstances required your creditors can you to file this case. you to file this case. begin collection activities again. Your case may be dismissed if the court is dissatisfied with Your case may be dismissed if the court is dissatisfied with your reasons for not receiving a briefing before you filed for your reasons for not receiving a briefing before you filed for bankruptcy. bankruptcy. If the court is satisfied with your reasons, you must still If the court is satisfied with your reasons, you must still receive a briefing within 30 days after you file. You must file a receive a briefing within 30 days after you file. You must file a certificate from the approved agency, along with a copy of the certificate from the approved agency, along with a copy of the payment plan you developed, if any. If you do not do so, your payment plan you developed, if any. If you do not do so, your case may be dismissed. case may be dismissed. Any extension of the 30-day deadline is granted only for cause Any extension of the 30-day deadline is granted only for cause and is limited to a maximum of 15 days. and is limited to a maximum of 15 days. I am not required to receive a briefing about credit I am not required to receive a briefing about credit counseling because of: counseling because of: I have a mental illness or a mental Incapacity. Incapacity. I have a mental illness or a mental deficiency that makes me incapable of deficiency that makes me incapable of realizing or making rational decisions realizing or making rational decisions about finances. about finances. Disability. My physical disability causes me to be Disability. My physical disability causes me to be unable to participate in a briefing in unable to participate in a briefing in person, by phone, or through the person, by phone, or through the internet, even after I reasonably tried to internet, even after I reasonably tried to Active duty. Active duty. I am currently on active military duty in a I am currently on active military duty in a military combat zone. military combat zone. If you believe you are not required to receive a briefing about If you believe you are not required to receive a briefing about

credit counseling, you must file a motion for waiver of credit

counseling with the court.

credit counseling, you must file a motion for waiver of credit

counseling with the court.

Doc 1 Filed 07/MA/16 Entered 07/41/4/16 /145:25:48 Desc Main Page 6 of 67 **Answer These Questions for Reporting Purposes** 16a. Are your debts primarily consumer debts? Consumer debts are defined in 11 U.S.C. § 101(8) 16. What kind of debts as "incurred by an individual primarily for a personal, family, or household purpose." do you have? No. Go to line 16b. Yes. Go to line 17. 16b. Are your debts primarily business debts? Business debts are debts that you incurred to obtain money for a business or investment or through the operation of the business or investment. No. Go to line 16c. Yes. Go to line 17. 16c. State the type of debts you owe that are not consumer debts or business debts. 17. Are you filing under No. I am not filing under Chapter 7. Go to line 18. Chapter 7? Do you estimate that Yes. I am filing under Chapter 7. Do you estimate that after any exempt property is excluded and administrative expenses are paid that funds will be available to distribute to unsecured creditors? after any exempt property is excluded No. and administrative Yes. expenses are paid that funds will be available for distribution to unsecured creditors? **√** 1-49 1,000-5,000 25,001-50,000 18. How many creditors 5,001-10,000 50,001-100,000 50-99 do you estimate that 10,001-25,000 More than 100,000 you owe? 100-199 200-999 **✓** \$0-\$50,000 \$1,000,001-\$10 million \$500,000,001-\$1 billion 19. How much do you \$50,001-\$100,000 \$10,000,001-\$50 million \$1,000,000,001-\$10 billion estimate your assets \$100,001-\$500,000 \$50,000,001-\$100 million \$10,000,000,001-\$50 billion to be worth? \$500,001-\$1 million \$100,000,001-\$500 million More than \$50 billion \$0-\$50,000 \$1,000,001-\$10 million \$500,000,001-\$1 billion 20. How much do you \$50,001-\$100,000 \$10,000,001-\$50 million \$1,000,000,001-\$10 billion estimate your \$100,001-\$500,000 \$50,000,001-\$100 million \$10,000,000,001-\$50 billion liabilities to be? \$500,001-\$1 million \$100,000,001-\$500 million More than \$50 billion Part 7: Sign Below I have examined this petition, and I declare under penalty of perjury that the information provided is true For you and correct. If I have chosen to file under Chapter 7, I am aware that I may proceed, if eligible, under Chapter 7, 11,12, or 13 of title 11, United States Code. I understand the relief available under each chapter, and I choose to proceed under Chapter 7. If no attorney represents me and I did not pay or agree to pay someone who is not an attorney to help me fill out this document, I have obtained and read the notice required by 11 U.S.C. § 342(b). I request relief in accordance with the chapter of title 11, United States Code, specified in this petition. I understand making a false statement, concealing property, or obtaining money or property by fraud in connection with a bankruptcy case can result in fines up to \$250,000, or imprisonment for up to 20 years, or both. 18 U.S.C. §§ 152, 1341, 1519, and 3571. x /s/ Ernest Murphy Signature of Debtor 2 Signature of Debtor 1 Executed on 7/14/2016 Executed on MM / DD / YYYY MM / DD / YYYY

Debtor 1 Ernest Case 16-22645 Doc 1 Filed 07/MJ4/16 Entered 07/JJ4/16 (1/45i/25:48 Desc Main

| First Name | Document | Page 7 of 67

For your attorney, if you are represented by one

If you are not represented by an attorney, you do not need to file this page.

X

I, the attorney for the debtor(s) named in this petition, declare that I have informed the debtor(s) about eligibility to proceed under Chapter 7, 11, 12, or 13 of title 11, United States Code, and have explained the relief available under each chapter for which the person is eligible. I also certify that I have delivered to the debtor(s) the notice required by 11 U.S.C. § 342(b) and, in a case in which § 707(b)(4)(D) applies, certify that I have no knowledge after an inquiry that the information in the schedules filed with the petition is incorrect.

| rrect. | | | |
|--|----------|---------------------------------|--------|
| /s/ Corey Walters Signature of Attorney for Debtor | D | Date 7/14/2016 MM / DD / YYYY | |
| orginature of Attorney for Debtor | | WIWI / DD / TTTT | |
| Corey Walters | | | |
| Printed name | | | |
| Semrad Law Firm | | | |
| Firm name | | | |
| 20 S. Clark Street | | | |
| Street | | | |
| 28th Floor | | | |
| Chicago | Illinois | 60603 | |
| City | State | Zip Code | |
| Contact phone | | Email address cwalters@semradla | aw.com |
| Bar number | | State | |

<u>Doc 1 Filed 07/14/16 Entered 07/1</u>4/16 15:25:48 Desc Main Fill in this information to identify your case: Debtor 1 **Ernest** Murphy First Name Middle Name Last Name Debtor 2 (Spouse, if filing) First Name Middle Name Last Name United States Bankruptcy Court for the: Northern District of Illinois (State) Case number (If known) Check if this is an amended filing Official Form 106Sum Summary of Your Assets and Liabilities and Certain Statistical Information 12/15 Be as complete and accurate as possible. If two married people are filing together, both are equally responsible for supplying correct information. Fill out all of your schedules first; then complete the information on this form. If you are filing amended schedules after you file your original forms, you must fill out a new Summary and check the box at the top of this page. **Summarize Your Assets** Your assets Value of what you own 1. Schedule A/B: Property (Official Form 106A/B) \$0.00 1a. Copy line 55, Total real estate, from Schedule A/B..... \$6,100.00 1b. Copy line 62, Total personal property, from Schedule A/B \$6,100.00 1c. Copy line 63, Total of all property on Schedule A/B..... Summarize Your Liabilities Your liabilities Amount you owe 2. Schedule D: Creditors Who Have Claims Secured by Property (Official Form 106D) 2a. Copy the total you listed in Column A, Amount of claim, at the bottom of the last page of Part 1 of Schedule D 3. Schedule E/F: Creditors Who Have Unsecured Claims (Official Form 106E/F) \$400.00 3a. Copy the total claims from Part 1 (priority unsecured claims) from line 6e of Schedule E/F...... \$13.518.00 3b. Copy the total claims from Part 2 (nonpriority unsecured claims) from line 6j of Schedule E/F...... \$13,918.00 Your total liabilities Summarize Your Income and Expenses 4. Schedule I: Your Income (Official Form 106I) \$1,209.00 Copy your combined monthly income from line 12 of Schedule I.....

5. Schedule J: Your Expenses (Official Form 106J)

Copy your monthly expenses from line 22, Column A, of Schedule J.....

\$1,059.00

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First Name Document Plate Page 9 of 67

Page 4 Answer These Questions for Administrative and Statistical Records

| Par | Part 4: Answer These Questions for Administrative and Statistical Records | | | | | | | | | |
|-------------|--|--------------------------|----------|--|--|--|--|--|--|--|
| 6. / | 6. Are you filing for bankruptcy under Chapters 7, 11, or 13? | | | | | | | | | |
| | No. You have nothing to report on this part of the form. Check this box and submit this form to the court with your other schedules. | | | | | | | | | |
| | ✓ Yes. | | | | | | | | | |
| 7. \ | What kind of debt do you have? | | | | | | | | | |
| | Your debts are primarily consumer debts. Consumer debts are those incurred by an individual prim family, or household purpose. 11 U.S.C. § 101(8). Fill out lines 8-10 for statistical purposes. 28 U.S.C. | | | | | | | | | |
| | Your debts are not primarily consumer debts. You have nothing to report on this part of the form. C this form to the court with your other schedules. | heck this box and submit | | | | | | | | |
| 8. | From the Statement of Your Current Monthly Income: Copy your total current monthly income from Copy 122A-1 Line 11; OR, Form 122B Line 11; OR, Form 122C-1 Line 14. | Official | \$196.00 | | | | | | | |
| 9. | Copy the following special categories of claims from Part 4, line 6 of Schedule E/F: | | | | | | | | | |
| | From Part 4 on Schedule E/F, copy the following: | Total claim | | | | | | | | |
| | 9a. Domestic support obligations (Copy line 6a.) | \$0.00 | | | | | | | | |
| | 9b. Taxes and certain other debts you owe the government. (Copy line 6b.) | \$400.00 | | | | | | | | |
| | 9c. Claims for death or personal injury while you were intoxicated. (Copy line 6c.) | \$0.00 | | | | | | | | |
| | 9d. Student loans. (Copy line 6f.) | \$0.00 | | | | | | | | |
| | 9e. Obligations arising out of a separation agreement or divorce that you did not report as priority claims. (Copy line 6g.) | | | | | | | | | |
| | 9f. Debts to pension or profit-sharing plans, and other similar debts. (Copy line 6h.) | | | | | | | | | |
| | 9g. Total Add lines 9a through 9f | \$400.00 | | | | | | | | |

| | Case 16-22645 | | Filed 07/14/16 | <u>Entered 07/1</u> 4/1 | 6 15:25:48 | Desc Main |
|----------------------------------|--|---|---|--|-------------------------------|---|
| Fill in this | information to identify your case | | | - U | | |
| Debtor 1 | Ernest | | Murph | y | | |
| | First Name | Middle | Name Last N | ame | | |
| Debtor 2 | | | | | | |
| (Spouse, | if filing) First Name | Middle | Name Last N | ame | | |
| United St | ates Bankruptcy Court for the: | Northern | District of III | inois | | |
| _ | | | (5 | State) | | |
| Case nun (If known) | nber | | | | | |
| (II KIIOWII) | | | | | | Check if this is an |
| Officia | al Form 106A/B | | | | | amended filing |
| | | -4 | | | | · · |
| scne | dule A/B: Prope | rty | | | | 12/1 |
| esponsib rite your Part 1: | where you think it fits best. Be ble for supplying correct inform name and case number (if kno Describe Each Residend u own or have any legal or equ | mation. If more sown). Answer ev ce, Building, | space is needed, attach a very question. Land, or Other Rea | a separate sheet to this fo | rm. On the top of a | ny additional pages, |
| V | No. Go to Part 2 | | | | | |
| Ħ | Yes. Where is the property? | | | | | |
| _ | | | What is the property | ? Check all that apply. | | ecured claims or exemptions. Put |
| 1.1 | Otroct address if a vallable and | the an elementica | Single-family home | | | y secured claims on Schedule D: Have Claims Secured by Property. |
| | Street address, if available, or o | otner description | Duplex or multi-uni | building | | , , |
| | | | _ Condominium or co | operative | Current value entire property | |
| | | | Manufactured or mo | obile home | | |
| | Number Street | | _ Land | | Describe the na | ature of your ownership |
| | Number Street | | Investment property Timeshare | | interest (such a | s fee simple, tenancy by |
| | City State | Zip Code | Other | | the entireties, o | or a life estate), if known. |
| | on, one | p | | | | |
| | | | | in the property? Check one | E. Check if th | is is community property |
| | | | Debtor 1 only | | (see mstru | cuoris) |
| | | | Debtor 2 only | | | |
| | | | Debtor 1 and Debto At least one of the o | • | | |
| | | | _ | u wish to add about this it | em, such as local | |
| If you | own or have more than one, list h | ere: | property recommodute | | | |
| , | | | What is the property | ? Check all that apply. | | ecured claims or exemptions. Put |
| 1.2 | Street address, if available, or o | thar decoriation | Single-family home | | | y secured claims on Schedule D: Have Claims Secured by Property. |
| | Street address, if available, or c | otrier description | Duplex or multi-uni | t building | | , , |
| | | | Condominium or co | operative | Current value entire property | |
| | | | Manufactured or mo | obile home | | |
| | Number Street | | Land | | Describe the ne | ature of your ownership |
| | Number Street | | Investment property | | interest (such a | s fee simple, tenancy by |
| | City State | Zip Code | Timeshare Other | | the entireties, o | or a life estate), if known. |
| | Oily State | Zip Code | | | - | |
| | | | Who has an interest | in the property? Check one | | is is community property |
| | | | Debtor 1 only | | (see instru | ctions) |
| | | | Debtor 2 only | | | |
| | | | Debtor 1 and Debto | • | | |
| | | | At least one of the d | ebtors and another | | |
| | | | Other information you property identificatio | u wish to add about this it n number: | em, such as local | |

| | | 645 <u>Doc 1</u> | Filed 07/MAN16 Entered 07/41AN16 | 6 ⁄145 w225:48 Desc Main |
|--|--|---|--|---|
| _ | First Name eet address, if available, or o | Middle Name other description | Documerine Page 11 of 67 What is the property? Check all that apply. Single-family home Duplex or multi-unit building Condominium or cooperative Manufactured or mobile home Land | Do not deduct secured claims or exemptions. Put the amount of any secured claims on Schedule D: Creditors Who Have Claims Secured by Property. Current value of the entire property? Current value of the portion you own? |
| Nur City | mber Street State | Zip Code | Investment property Timeshare Other | Describe the nature of your ownership interest (such as fee simple, tenancy by the entireties, or a life estate), if known. |
| | | | Who has an interest in the property? Check one. Debtor 1 only Debtor 2 only Debtor 1 and Debtor 2 only At least one of the debtors and another Other information you wish to add about this item, property identification number: all of your entries from Part 1, including any entries re. | for pages |
| | 5 " V V I | | | |
| Do you or you own th 3. Cars, va | nat someone else drives. If y ans, trucks, tractors, sport u | r equitable interest ou lease a vehicle, al | in any vehicles, whether they are registered or not? I so report it on Schedule G: Executory Contracts and Unex cycles | |
| Do you or you own th 3. Cars, va \textsquare No | wn, lease, or have legal or nat someone else drives. If y ans, trucks, tractors, sport u | r equitable interest ou lease a vehicle, al | so report it on Schedule G: Executory Contracts and Unex | |

| Debtor 1 | Ernest Case 16-22645 Doc 1 First Name Middle Name | Filed 07/114/16 Entered 07/14/16 | 6/16/16/16/16/16/16/16/16/16/16/16/16/16 | <u>c Main</u> | | |
|----------|---|---|--|---|--|--|
| 0.0 | | Document Page 12 of 67 | D | | | |
| 3.3 | Make Model: | Who has an interest in the property? Check one. | Do not deduct secured cl | aims or exemptions. Put ed claims on <i>Schedule D:</i> | | |
| | Year: | Debtor 1 only | • | nims Secured by Property. | | |
| | Approximate mileage: | Debtor 2 only | | | | |
| | | = ' | Current value of the | Current value of the | | |
| | Other information: | Debtor 1 and Debtor 2 only | entire property? | portion you own? | | |
| | | At least one of the debtors and another | | | | |
| | | Check if this is community property (see instructions) | | | | |
| 3.4 | | Who has an interest in the property? Check | Do not deduct secured cl | • | | |
| | Model: | one. | | ured claims on Schedule D: Claims Secured by Property. | | |
| | Year: Approximate mileage: | Debtor 1 only | Creditors Wild Have Cia | iims Secured by Property. | | |
| | Approximate mileage. | Debtor 2 only | Current value of the | Current value of the | | |
| | Other information: | Debtor 1 and Debtor 2 only | entire property? | portion you own? | | |
| | | At least one of the debtors and another | · | | | |
| | | Check if this is community property (see instructions) | | | | |
| 4.1 | | Who has an interest in the property? Check | Do not deduct secured of | • | | |
| 4.1 | Make | one. | | aims or exemptions. Put ed claims on <i>Schedule D:</i> | | |
| | Year: | Debtor 1 only | • | nims Secured by Property. | | |
| | Approximate mileage: | Debtor 2 only | Current value of the | Current value of the | | |
| | Other information: | Debtor 1 and Debtor 2 only | entire property? | portion you own? | | |
| | | At least one of the debtors and another | | | | |
| | | Check if this is community property (see | | | | |
| | | instructions) | | | | |
| 4.2 | Make | Who has an interest in the property? Check | Do not deduct secured cl | • | | |
| | Model: | one. | • | ed claims on Schedule D: | | |
| | Year: | Debtor 1 only | Creditors Who Have Cla | Creditors Who Have Claims Secured by Property. | | |
| | Approximate mileage: | Debtor 2 only | Current value of the | | | |
| | | | | Current value of the | | |
| | Other information: | Debtor 1 and Debtor 2 only | entire property? | Current value of the portion you own? | | |
| | Other information: | = ' | | | | |
| | Other information: | Debtor 1 and Debtor 2 only | | | | |
| | I the dollar value of the portion you own for a | Debtor 1 and Debtor 2 only At least one of the debtors and another Check if this is community property (see | entire property? | | | |

Debtor 1 Ernest Case 16-22645 Doc 1 Filed 07/14/16 Entered 07/14/16 (1/25):25:48 Desc Main
First Name Documentary Page 13 of 67

| Pa | art 3: Describe Y | our Personal and Household Items | |
|----------|--|--|---|
| D | o you own or ha | ave any legal or equitable interest in any of the following items? | Current value of the portion you own? Do not deduct secured claims or exemptions. |
| | . Household goods | | |
| | Examples: Major app | liances, furniture, linens, china, kitchenware | |
| | No | | |
| ✓ | Yes. Describe | used furniture | \$600.00 |
| | . Electronics Examples: Televisions | s and radios; audio, video, stereo, and digital equipment; computers, printers, scanners; music | |
| П | No | | |
| <u></u> | Yes. Describe | used electronics | \$600.00 |
| | | | φοου.σο |
| | | ue and figurines; paintings, prints, or other artwork; books, pictures, or other art objects; in, or baseball card collections; other collections, memorabilia, collectibles | |
| Ħ | Yes. Describe | | |
| Н | res. Describe | | |
| | | orts and hobbies otographic, exercise, and other hobby equipment; bicycles, pool tables, golf clubs, skis; canoes s; carpentry tools; musical instruments | |
| ✓ | No | | |
| | Yes. Describe | | |
| | Firearms Examples: Pistols, rifl No | es, shotguns, ammunition, and related equipment | |
| ✓ | Yes. Describe | 40mm Smith & Wesson | \$700.00 |
| | No | clothes, furs, leather coats, designer wear, shoes, accessories | |
| ⊻ | Yes. Describe | used clothing | \$350.00 |
| | 2. Jewelry Examples: Everyday jogold, silve | ewelry, costume jewelry, engagement rings, wedding rings, heirloom jewelry, watches, gems, er | |
| Ë | Yes. Describe | | |
| | 3. Non-farm animal Examples: Dogs, cat No Yes. Describe | | |
| ۲ | TOS. DESCRIBE | | |
| | 4. Any other persor | nal and household items you did not already list, including any health aids you did not list | |
| Ė | Yes. Describe | | |
| Н | 103. D0301106 | | |
| | | lue of all of your entries from Part 3, including any entries for pages you have attached number here | \$2250.00 |

Debtor 1 Ernest Case 16-22645 Doc 1 Filed 07/14/16 Entered 07/14/16 / 145/25:48 Desc Main
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Describe Your Financial Assets Current value of the Do you own or have any legal or equitable interest in any of the following? portion you own? Do not deduct secured claims or exemptions. 16. Cash Examples: Money you have in your wallet, in your home, in a safe deposit box, and on hand when you file your petition Yes Cash: 17. Deposits of money Examples: Checking, savings, or other financial accounts; certificates of deposit; shares in credit unions, brokerage houses, and other similar institutions. If you have multiple accounts with the same institution, list each. ☐ No Institution name: Yes 17.1. Checking account: Chase \$1100.00 17.2. Checking account: 17.3. Savings account: 17.4. Savings account: 17.5. Certificates of deposit: 17.6. Other financial account: 17.7. Other financial account: 17.8. Other financial account: 17.9. Other financial account: 18. Bonds, mutual funds, or publicly traded stocks Examples: Bond funds, investment accounts with brokerage firms, money market accounts ✓ No Institution or issuer name: Yes 19. Non-publicly traded stock and interests in incorporated and unincorporated businesses, including an interest in an LLC, partnership, and joint venture **✓** No Name of entity % of ownership:

Yes. Give specific information about

them

Ernest Case 16-22645 Doc 1 Filed 07/11/41/16 Entered 07/11/41/16/11/25:48 Desc Main Document Page 15 of 67 20. Government and corporate bonds and other negotiable and non-negotiable instruments Negotiable instruments include personal checks, cashiers' checks, promissory notes, and money orders. Non-negotiable instruments are those you cannot transfer to someone by signing or delivering them. Yes. Give specific information about Issuer name: them.... 21. Retirement or pension accounts Examples: Interests in IRA, ERISA, Keogh, 401(k), 403(b), thrift savings accounts, or other pension or profit-sharing plans **✓** No Type of account: Institution name: Yes. List each account separately. 401(k) or similar plan: 401(k) or similar plan: Pension plan: Pension plan: IRA: IRA: Retirement account: Retirement account: Keogh: Keogh: Additional account: Additional account: 22. Security deposits and prepayments Your share of all unused deposits you have made so that you may continue service or use from a company Examples: Agreements with landlords, prepaid rent, public utilities (electric, gas, water), telecommunications companies, or others ☐ No Institution name: Yes.... Electric: Gas: Heating oil: \$1750.00 Security deposit on rental unit: Landlord (Thomas McCarthy) Prepaid rent: Telephone: Water: Rented furniture: Other: 23. Annuities (A contract for a periodic payment of money to you, either for life or for a number of years) **✓** No Issuer name and description: Yes....

| Debt | or 1 | Ernest Ca First Name | se 1 | <u>6-22645</u> | Doc 1 | | Entered @7/41/4/14 Page 16 of 67 | 6 145 √25: <u>48</u> | Desc Main |
|------|----------|--------------------------------|------------------------|--|-----------------|---|----------------------------------|------------------------------|---|
| 24. | | | | tion IRA, in a , 529A(b), and | | a qualified ABLE progra | am, or under a qualified stat | te tuition program. | |
| | | No Yes | Institutio | on name and d | escription. Sep | parately file the records of a | any interests.11 U.S.C. § 521(| c): | |
| 25. | | rcisable fo No | r your b | | s in property | (other than anything lis | sted in line 1), and rights or | powers | |
| 26 | L Bot | Yes. Desci | | radamarka ti | rada agorata | and other intellectual n | ronorti. | | |
| 26. | Еха | | net dom | | | and other intellectual paids from royalties and licer | | | |
| 27. | | | ding per | and other ge | | | ngs, liquor licenses, professio | nal licenses | |
| Mor | ney (| or prope | rty ow | red to you? | ? | | | | Current value of the portion you own? Do not deduct secured claims or exemptions. |
| 28. | Тах | refunds ov | ed to y | ou | | | | | |
| | | Yes. Give s about you al | them, in ready file | nformation Icluding whethe ed the returns ars | er | | | Federal: State: Local: | |
| 29. | | ily support | | ımp sum alimo | ny, spousal sup | oport, child support, mainte | enance, divorce settlement, pro | operty settlement | |
| | Ħ | No Yes. Give s | oecific ir | nformation | | | | Alimony: | |
| | | | | | | | | Maintenance: | |
| | | | | | | | | Support: Divorce settlement | |
| | | | | | | | | Property settlemen | |
| 30. | | <i>nples:</i> Unpa | id wage | | | nts, disability benefits, sick | s pay, vacation pay, workers' co | mpensation, | |
| | | No Yes. Descri | be | | | | | | |

| Debt | tor 1 | Ernest Case 16 First Name | 6-22645 | Doc 1 Middle Name | Filed 07/14/16 Document | _Entered_07/41/4/6 Page 17 of 67 | L666L5iv225: <u>48 D</u> | esc Main |
|------|------------|---|-------------------|----------------------|---|-------------------------------------|----------------------------|--|
| 31. | | rests in insurance mples: Health, disabi | | rance; health | | edit, homeowner's, or renter | 's insurance | |
| | | No Yes. Name the insur of each policy and lis | . , | - | Company name: | | Beneficiary: | Surrender or refund value: |
| 32. | If you | | of a living trust | | neone who has died eeds from a life insurance p | policy, or are currently entitle | d to receive | |
| 33. | Exar | | | | have filed a lawsuit or moce claims, or rights to sue | ade a demand for paymer | nt | |
| 34. | Othe to se | | unliquidated | claims of ev | ery nature, including co | ınterclaims of the debtor | and rights | |
| 35. | ✓ | financial assets yo No Yes. Describe | u did not alre | ady list | | | | |
| 36. | | | - | | | es for pages you have att | | \$2850.00 |
| Part | 5: | Describe Any B | susiness-Ro | elated Pro | perty You Own or Ha | ave an Interest In. Lis | st any real estate i | n Part 1. |
| 37. | Do y | ou own or have an | ıy legal or equ | uitable intere | st in any business-relate | d property? | | |
| | | No. Go to Part 6. Yes. Go to line 38. | | | | | | Current value of the portion you own? Do not deduct secured claims or exemptions |
| 38. | ✓ | ounts receivable or No Yes. Describe | commissions | s you alread | / earned | | | |
| 39. | | ce equipment, furn mples: Business-rela | | | odems, printers, copiers, fa | x machines, rugs, telephone | s, desks, chairs, electron | ic devices |
| | | No Yes. Describe | | | | | | |

| | | Ernest Case 16 First Name | | Doc 1 Middle Name | Filed 07/1141/16 Document | Page 18 of 67 | £6/11k5;i225: <u>48 D</u> | esc Main | |
|--------------|----------|---|-------------------|---------------------------------------|----------------------------|-----------------------------|---------------------------|----------------------------|-----------|
| 40. | Mac | hinery, fixtures, eq | uipment, sup | plies you us | se in business, and tools | of your trade | | | |
| | ✓ | No | | | | | | | |
| | | Yes. Describe | | | | | | | |
| 41. | Inve | entory | | | | | | | |
| | ✓ | No | | | | | | | |
| | | Yes. Describe | | | | | | | |
| 42. | Inte | rests in partnershi | ps or joint ve | entures | | | | ' | |
| | ✓ | No | | | | | | | |
| | | Yes. Give specific | | | Name of entity: | | % of ownership: | | |
| | | information about | | | | | | <u> </u> | |
| | | them | | | | | | | |
| | | | | • | | _ | | _ | |
| 43. C | Custo | omer lists, mailing | lists, or other | r compilatio | ns | | | _ | |
| | V | _ | , | | | | | | |
| | = | | rlude nersonal | lv identifiable | information (as defined in | 11 I I S C. 8 101(41A)\2 | | | |
| | ш | | nado porsonai | ly lacrimable | inionnation (as actined in | 11 0.0.0. 3 10 1(+17 1): | | | |
| | | ☐ No | | | | | | | |
| | | Yes. Descri | ibe | | | | | | |
| 44. | Any | business-related p | roperty you o | lid not alread | dy list | | | | |
| | V | No | | | | | | | |
| | = | Yes. Give specific | | | | | | | |
| | | information | | • | _ | | | | |
| | | | | _ | | | | | |
| | | | | | | | | | |
| | | | | • | | | | | |
| | | | | - | | | | <u> </u> | |
| | | | | | | | | | |
| | | | | | | | | | |
| | | | • | | | for pages you have attach | | | |
| Part | 6: | Describe Any F | arm- and (| Commerciand list it in | al Fishing-Related P | roperty You Own or F | lave an Interest In | | |
| 46. | Do | you own or have a | ny legal or eq | uitable inter | est in any farm- or comm | ercial fishing-related prop | erty? | | |
| | 7 | No. Go to Part 7. | | | | | | Current value | |
| | Ħ | Yes. Go to line 47. | | | | | | portion you Do not deduce | |
| | | | | | | | | claims | i occurca |
| 4- | _ | | | | | | | or exemptions | \$ |
| 47. | | m animals <i>mpl</i> es: Livestock, pou | ultry, farm-raise | ed fish | | | | | |
| | | | ,, | · · · · · · · · · · · · · · · · · · · | | | | | |
| | 뇓 | No Voc Doccribo | | | | | | 1 | |
| | Ш | Yes. Describe | | | | | | | |

| Debt | tor 1 | Ernest Case 16 First Name | <u>6-22645</u> | Doc 1 | Filed 07//1 Docume | | Entered @76 Page 19 of 6 | /1.4/1.6 <i>(1</i> k5;25: <u>48</u> | Desc | Main |
|---------------|----------|--|-------------------|------------------|-----------------------|-------------|--------------------------|-------------------------------------|-------|-------------|
| 48. | Cro | ps-either growing | or harvested | | Docume | 111 | rage 13 or c | , , | | |
| | ✓ | No | | | | | | | | |
| | | Yes. Describe | | | | | | | _ | |
| 49. | Farr | m and fishing equi | pment, imple | nents, machi | nery, fixtures, a | nd tools | s of trade | | | |
| | ✓ | No | | | | | | | | |
| | | Yes. Describe | | | | | | | _ | |
| 50. | Farr | m and fishing supp | lies, chemica | ls, and feed | | | | | | |
| | ✓ | No | | | | | | | | |
| | | Yes. Describe | | | | | | | | |
| 51. | Any | farm- and comme | rcial fishing-re | elated proper | ty you did not al | lready lis | st | | | |
| | ✓ | No | | | | | | | | |
| | | Yes. Describe | | | | | | | | |
| FO A. | ماء لمام | | l of versus ones: | aa fram Dart | C including on | | for pages you have | attached | | |
| | | | - | | | | nor pages you have | | | |
| | | | | | | | | | | |
| | | | | | | | | | | |
| Part | | | | | | st in Tl | nat You Did Not | List Above | | |
| 53. | | ou have other promples: Season tickets | | | ot already list? | | | | | |
| | ✓ | • | | | | | | | | |
| | _ | Yes. Give specific | | | | | | | | |
| | | information | | | | | | | | |
| | | | | | | | | | | |
| 54 A | dd th | e dollar value of al | l of vour entri | es from Part | 7. Write that nun | nber he | re | | | |
| J-1. 7. | uu tii | e donar value of ar | or your onar | | . Willo that han | inder the | | | | |
| | | | | | | | | | | |
| Part | 8: | List the Totals | of Each Pa | rt of this F | orm | | | | | |
| 55. F | Part 1 | : Total real estate, | line 2 | | | | | > | | |
| 56. p | art 2 | total vehicles, line | 5 | | | \$1000.00 | 1 | | | |
| 57. P | art 3: | : Total personal an | d household | items, line 15 | - | \$2250.00 | | | | |
| 58. P | art 4: | : Total financial ass | ets, line 36 | | · - | \$2850.00 | | | | |
| 59. F | Part 5 | : Total business-re | elated propert | y, line 45 | - | | <u></u> | | | |
| 60. F | Part 6 | : Total farm- and f | ishing-related | l property, line | e 52 | | | | | |
| 61. F | Part 7 | : Total other prope | erty not listed | , line 54 | - | | | | | |
| 62. T | otal | personal property. | Add lines 56 th | nrough 61 | | \$6100.00 |) | | | + \$6100.00 |
| | | | | | _ | | | Copy personal property to | tal ► | |
| 62 T . | otol o | of all proporty on S | obodulo A/P | Add line FF + I | ino 62 | | | | | \$6100.00 |

| Filli | in this inform | Case 16-22645 ation to identify your case: | Doc 1 Filed 07 | /14/16 Entered 07/1 | 4/16 15:25:48 | Desc Main |
|--|---|--|---|---|--|---|
| | otor 1 | Ernest First Name | Middle Name | Murphy Last Name | | |
| | otor 2 ouse, if filing) | | Middle Name | Last Name | | |
| Unit | ted States Ba | inkruptcy Court for the: | Northern I | District of Illinois | | |
| | se number nown) | | | (State) | | |
| Of | ficial F | orm 106C | | | 1 | Check if this is a amended filing |
| | | | erty You Claim | as Exempt ople are filing together, bot | | 12/1 |
| For is to exer rece exer exer | each iten o state a s mpted up eive certa mption of perty is d t1: Ident Which set | additional pages, writh of property you classed in of property you classed in the amount of an in benefits, and tax-100% of fair market etermined to exceed if y the Property You of exemptions are you declaiming state and federal eclaiming federal exemptions. | e your name and case raim as exempt, you must as exempt. Alternatively applicable statutory exempt retirement fundal that amount, your exempt laiming? Check one only, even nonbankruptcy exemptions. 11 U.S.C. § 522(b)(2) | number (if known). Ist specify the amount of vely, you may claim the for limit. Some exemptions and series the exemption to emption would be limited an if your spouse is filing with you. | the exemption you ull fair market value —such as those for dollar amount. How a particular dollar to the applicable s | r health aids, rights to wever, if you claim an amount and the value of the |
| | | ription of the property ar lle A/B that lists this prop | nd line Current value of perty the portion you own | Amount of the exemption your Check only one box for each ex | · | cific laws that allow exemption |
| | | | Copy the value from Schedule A/B | | | |
| | Brief description | chevy, venture, 1998 | \$1,000.00 | 7 | | 735 ILCS 5/12-1001(c) |
| | Line from Schedule A | | <u> </u> | \$1,000.00 100% of fair market value, use applicable statutory limit | | |
| | Brief description | used clothing | \$350.00 | 7 | | 735 ILCS 5/12-1001(a) |
| | Line from Schedule A | | | \$350.00 100% of fair market value, upplicable statutory limit | | |
| 3. | (Subject to | adjustment on 4/01/19 and | , , | 5? es filed on or after the date of adjus n 1,215 days before you filed this o | , | |

No Yes

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Part 2: Additional Page

| • | ion of the property and line A/B that lists this property | Current value of the portion you own Copy the value from Schedule A/B | Amount of the exemption you claim Check only one box for each exemption. | Specific laws that allow exemption |
|---|--|---|---|------------------------------------|
| Brief description: Line from Schedule A/B: | used furniture 06 | \$600.00 | \$600.00 100% of fair market value, up to any applicable statutory limit | 735 ILCS 5/12-1001(b) |
| Brief description: Line from Schedule A/B: | used electronics 07 | \$600.00 | \$600.00 100% of fair market value, up to any applicable statutory limit | 735 ILCS 5/12-1001(b) |
| Brief description: Line from Schedule A/B: | <u>Chase</u> 17 | \$1,100.00 | \$1,100.00 100% of fair market value, up to any applicable statutory limit | 735 ILCS 5/12-1001(b) |
| Brief description: Line from Schedule A/B: | Landlord (Thomas McCarthy) | \$1,750.00 | \$1,700.00 100% of fair market value, up to any applicable statutory limit | 735 ILCS 5/12-1001(b) |
| Brief description: Line from Schedule A/B: | 40mm Smith & Wesson | \$700.00 | \$0.00 100% of fair market value, up to any applicable statutory limit | 735 ILCS 5/12-1001(b) |

| Fill in this informa | Case 16-22645 ation to identify your case: | | led 07/14/16 | Entered 07/1.4/ | /16 15:25:48 | Desc Main | |
|---------------------------------|---|--------------------------|--------------------------------------|--|---|---|-----------------------------------|
| Debtor 1 | Ernest First Name | Middle Na | Murph me Last N | , | | | |
| Debtor 2 (Spouse, if filing) | First Name | Middle Na | me Last N | lame | | | |
| United States Ba | nkruptcy Court for the: | Northern | District of III | inois State) | | | |
| Case number (If known) | | | | | | По | |
| | orm 106D le D: Credito | oro Who | Hava Clair | na Caaurad | by Propo | am | eck if this is ar ended filing |
| Be as comple correct inforr | ete and accurate as nation. If more space top of any addition | possible. If two | o married people opy the Addition | are filing together al Page, fill it out, i | r, both are equally | y responsible for | |
| No. Ch | ditors have claims secur leck this box and submit th Il in all of the information b | is form to the court w | • | s. You have nothing else t | to report on this form. | | |
| Part 1: List A | All Secured Claims | | | | | | |
| claim. If mor | ured claims. If a creditor he than one creditor has a the claims in alphabetical | particular claim, list t | he other creditors in Pa | | Column A Amount of claim Do not deduct the value of collateral. | Column B Value of collateral that supports this claim | Column C Unsecured portion If any |

| | | 0 10 0004 | - D. 4 E'l. | -1 07/4 4/4 0 | E -1 1 0 | 7/4 4/4 6 4 5 4 | 0E 40 D = | 84-1- | |
|------------|--|--|--|---|---|--|--------------------|---------------------|--------------------|
| Fill i | n this informa | Case 16-22645 ation to identify your case | | 0 07/14/16 | Enteren O | 7/14/16 15:2 | 25:48 De | sc Main | |
| Deb | tor 1 | Ernest First Name | Middle Name | Murp Last | hy Name | - | | | |
| | tor 2 ouse, if filing) | First Name | Middle Name | Last | Name | - | | | |
| Unit | ed States Ba | nkruptcy Court for the: | Northern | District of I | llinois (State) | _ | | | |
| | e number lown) | | | | , | | | | |
| Off | icial Fo | orm 106E/F | | | | | | heck if this is a | n amended filing |
| Sc | hedu | le E/F: Cre | ditors Who | Have U | Insecure | ed Claim | S | | 12/15 |
| Part 1. | Do any cre No. Go Yes. | edule D: Creditors Who e left. Attach the Contin All of Your PRIORIT editors have priority unso to Part 2. | nuation Page to this pa Y Unsecured Clair secured claims against | ge. On the top of ns you? | any additional pa | ages, write your n | ame and case r | umber (if knov | wn). |
| 2. | identify what possible, lis Part 1. If me | your priority unsecured at type of claim it is. If a cla the claims in alphabetic ore than one creditor hole clanation of each type of c | aim has both priority and all order according to the ds a particular claim, list | nonpriority amount creditor's name. If the other creditors | s, list that claim her you have more tha in Part 3. | e and show both pr in two priority unsec | iority and nonprio | rity amounts. As | much as |
| | (3. 3 3.4 | 7,500 | , | | | -, | Total cl | aim Priority amount | Nonpriority amount |
| | Priority Crec PO Box 190 Number Springfield City Who incur Debtor Debtor At least Check | Illinois State red the debt? Check on 1 only | 62794 Zip Code e. | Contingent Unliquidated Disputed Type of PRIORIT Domestic su Taxes and ce I Claims for de intoxicated | lebt incurred? ou file, the claim incurred claim output obligations retain other debts you eath or personal injure. | n/a s: Check all that ap m: u owe the governme | ent | 9400.00 | \$0.00 |
| | Yes | | | | | | | | |

Filed 07/14/16 Entered 07/14/16/145:25:48 Desc Main Doc 1 Ernest Case 16-22645 Debtor 1 Documernt Page 24 of 67 List All of Your NONPRIORITY Unsecured Claims Do any creditors have nonpriority unsecured claims against you? No. You have nothing to report in this part. Submit this form to the court with your other schedules. $\overline{}$ List all of your nonpriority unsecured claims in the alphabetical order of the creditor who holds each claim. If a creditor has more than one priority unsecured claim, list the creditor separately for each claim. For each claim listed, identify what type of claim it is. Do not list claims already included in Part 1. If more than one creditor holds a particular claim, list the other creditors in Part 3.If you have more than four priority unsecured claims fill out the Continuation Page of **Total claim** 4.1 Capital One Bank \$400.00 Last 4 digits of account number Nonpriority Creditor's Name 11013 W. Broad When was the debt incurred? Street Number As of the date you file, the claim is: Check all that apply. Contingent Unliquidated Glen Allen 23060 Virginia City State Zip Code Disputed Who incurred the debt? Check one. Type of NONPRIORITY unsecured claim: Debtor 1 only Student loans Debtor 2 only Obligations arising out of a separation agreement or divorce that Debtor 1 and Debtor 2 only you did not report as priority claims At least one of the debtors and another Debts to pension or profit-sharing plans, and other similar debts Check if this claim relates to a community debt Credit card debt Other. Specify Is the claim subject to offset? **V** No Yes 4.2 City of Chicago Department of Revenue \$2,400.00 Last 4 digits of account number Nonpriority Creditor's Name 121 North LaSalle Street When was the debt incurred? Number As of the date you file, the claim is: Check all that apply. Contingent Chicago 60602 Illinois Unliquidated City State Zip Code Who incurred the debt? Check one. Disputed Debtor 1 only **|** Type of NONPRIORITY unsecured claim: Debtor 2 only Student loans Debtor 1 and Debtor 2 only Obligations arising out of a separation agreement or divorce that At least one of the debtors and another you did not report as priority claims Check if this claim relates to a community debt Debts to pension or profit-sharing plans, and other similar debts Other. Specify parking tickets Is the claim subject to offset? I✓I No Yes 4.3 Illinois Department of Unemployment \$8,000.00 Last 4 digits of account number Nonpriority Creditor's Name 4519 W Main St When was the debt incurred? Number Street As of the date you file, the claim is: Check all that apply. Contingent Illinois 62226 Belleville Unliquidated Citv Zip Code Who incurred the debt? Check one. Debtor 1 only l√| Type of NONPRIORITY unsecured claim: Debtor 2 only Student loans Debtor 1 and Debtor 2 only Obligations arising out of a separation agreement or divorce that At least one of the debtors and another you did not report as priority claims Debts to pension or profit-sharing plans, and other similar debts Check if this claim relates to a community debt Other. Specify over payment of unemployment benefits Is the claim subject to offset?

✓ No □ Yes Debtor 1 Ernest Case 16-22645 Doc 1 Filed 07/Mr4/16 Entered 07/41/4/16 / 1/45:25:48 Desc Main
First Name Document Page

Part 2: Your NONPRIORITY Unsecured Claims - Continuation Page

| | After listing any entries | on this page, num | ber them beginning | with 4.5, followed by 4.6, and so forth. | Total claim |
|-----|--|--------------------|--------------------|---|-------------|
| 4.4 | MEDICREDIT, INC | | | Last 4 digits of account number 5874 | \$100.00 |
| | Nonpriority Creditor's Nan PO BOX 1629 | ne | | When was the debt incurred? 9/1/2013 | |
| | Number Street | | | As of the date you file, the claim is: Check all that apply. | |
| | | | | Contingent | |
| | MARYLAND HEIGHTS | Montana | 63043 | Unliquidated | |
| | City | State | Zip Code | Disputed | |
| | Who incurred the debt? Debtor 1 only | ? Check one. | | Type of NONPRIORITY unsecured claim: | |
| | Debtor 2 only | | | Student loans | |
| | Debtor 1 and Debtor 2 | 2 only | | Obligations arising out of a separation agreement or divorce that | |
| | At least one of the deb | • | | you did not report as priority claims | |
| | 片 | | | Debts to pension or profit-sharing plans, and other similar debts | |
| | Check if this claim r | | unity debt | | |
| | Is the claim subject to o | onset? | | Other. Specify DATA | |
| | Yes | | | | |
| 4.5 | MEDICREDIT, INC | | | | \$25.00 |
| 7.0 | Nonpriority Creditor's Nan | ne | | Last 4 digits of account number 7765 | φ23.00 |
| | PO BOX 1629 Number Street | | | When was the debt incurred? 11/1/2015 | |
| | | | | As of the date you file, the claim is: Check all that apply. | |
| | MARYLAND | Montana | 63043 | Contingent | |
| | HEIGHTS | | | Unliquidated | |
| | City Who incurred the debt? | State Check one | Zip Code | Disputed | |
| | Debtor 1 only | e Officer offic. | | Type of NONPRIORITY unsecured claim: | |
| | Debtor 2 only | | | Student loans | |
| | Debtor 1 and Debtor 2 | 2 only | | Obligations arising out of a separation agreement or divorce that | |
| | At least one of the deb | otors and another | | you did not report as priority claims | |
| | Check if this claim r | elates to a commu | unity debt | Debts to pension or profit-sharing plans, and other similar debts✓O01 Collection; Collecting for ORIGINAL | |
| | Is the claim subject to o | offset? | • | CREDITOR: MEDICAL PAYMENT | |
| | ✓ No | | | Other. Specify <u>DATA</u> | |
| | Yes | | | | |
| 4.6 | MIDLAND FUNDING | | | Last 4 digits of account number 6033 | \$443.00 |
| | Nonpriority Creditor's Nan 8875 AERO DR STE 200 | ne | | When was the debt incurred? 8/1/2015 | |
| | Number Street | | | | |
| | | | | As of the date you file, the claim is: Check all that apply. | |
| | SAN DIEGO | California | 92123 | Contingent | |
| | City Who incurred the debt? | State Chack one | Zip Code | Unliquidated | |
| | Debtor 1 only | e Officer offic. | | Disputed | |
| | Debtor 2 only | | | Type of NONPRIORITY unsecured claim: | |
| | Debtor 1 and Debtor 2 | 2 only | | Student loans | |
| | At least one of the deb | otors and another | | Obligations arising out of a separation agreement or divorce that you did not report as priority claims | |
| | Check if this claim r | elates to a commi | unity debt | Debts to pension or profit-sharing plans, and other similar debts | |
| | Is the claim subject to o | | • | Other. Specify 001 UnknownLoanType | |
| | ✓ No | | | | |
| | Yes | | | | |

Debtor 1 Ernest Case 16-22645 Doc 1 Filed 07/114/16 Entered 07/414/16 (145:25:48 Desc Main First Name Document Page 26 of 67

Part 2: Your NONPRIORITY Unsecured Claims - Continuation Page

| | After listing any entries on this page, number them beginning | with 4.5, followed by 4.6, and so forth. | Total claim | | | | | |
|-----|---|--|---------------|--|--|--|--|--|
| 4.7 | VERIZON | — Lost 4 digits of account number | \$450.00 | | | | | |
| | Nonpriority Creditor's Name NATIONAL RECOVERY P.O. BOX 26055 | Last 4 digits of account number | <u> </u> | | | | | |
| | Number Street | When was the debt incurred?n/a | | | | | | |
| | | As of the date you file, the claim is: Check all that apply. | | | | | | |
| | | Contingent | | | | | | |
| | MINNEAPOLIS Minnesota 55426 | Unliquidated | | | | | | |
| | City State Zip Code Who incurred the debt? Check one. | Disputed | | | | | | |
| | Debtor 1 only | Type of NONPRIORITY unsecured claim: | | | | | | |
| | Debtor 2 only | Student loans | | | | | | |
| | Debtor 1 and Debtor 2 only | Obligations arising out of a separation agreement or divorce that | | | | | | |
| | At least one of the debtors and another | you did not report as priority claims Debts to pension or profit-sharing plans, and other similar debts | | | | | | |
| | Check if this claim relates to a community debt | ✓ Other. Specify cell bill | | | | | | |
| | Is the claim subject to offset? | V Curiot. Opening Curi Sim | | | | | | |
| | ✓ No | | | | | | | |
| | Yes | | | | | | | |
| 4.8 | Village of Broadview | — Last 4 digits of account number | \$200.00 | | | | | |
| | Nonpriority Creditor's Name 2350 S. 25th Avenue Broadview | When was the debt incurred? | | | | | | |
| | Number Street | | | | | | | |
| | | As of the date you file, the claim is: Check all that apply. | | | | | | |
| (| Broadview Illinois 60155 | Contingent | | | | | | |
| | City State Zip Code | Unliquidated | | | | | | |
| | Who incurred the debt? Check one. Debtor 1 only | Disputed | | | | | | |
| | Debtor 2 only | Type of NONPRIORITY unsecured claim: | | | | | | |
| | Debtor 1 and Debtor 2 only | Student loans | | | | | | |
| | At least one of the debtors and another | Obligations arising out of a separation agreement or divorce that | | | | | | |
| | H | you did not report as priority claims | | | | | | |
| | Check if this claim relates to a community debt Is the claim subject to offset? | ☐ Debts to pension or profit-sharing plans, and other similar debts ☐ Other. Specify parking tickets | | | | | | |
| | No | Other. Specify parking tickets | | | | | | |
| | ☐ Yes | | | | | | | |
| 4.9 | Village of Maywood | | \$650.00 | | | | | |
| 4.9 | Nonpriority Creditor's Name | Last 4 digits of account number | <u>00.000</u> | | | | | |
| | 40 Madison Street Number Street | When was the debt incurred?n/a | | | | | | |
| | Number Street | As of the date you file, the claim is: Check all that apply. | | | | | | |
| | Manuscad Illinois COAFO | Contingent | | | | | | |
| | Maywood Illinois 60153 City State Zip Code | Unliquidated | | | | | | |
| | Who incurred the debt? Check one. | Disputed | | | | | | |
| | Debtor 1 only | Type of NONPRIORITY unsecured claim: | | | | | | |
| | Debtor 2 only | Student loans | | | | | | |
| | Debtor 1 and Debtor 2 only | Obligations arising out of a separation agreement or divorce that | | | | | | |
| | At least one of the debtors and another | you did not report as priority claims | | | | | | |
| | Check if this claim relates to a community debt | Debts to pension or profit-sharing plans, and other similar debts | | | | | | |
| | Is the claim subject to offset? | ✓ Other. Specify <u>parking tickets</u> | | | | | | |
| | <u>✓</u> No | | | | | | | |
| | Yes | | | | | | | |

| Riverside Illinois 60546 | Contingent | | | | |
|---|---|--|--|--|--|
| City State Zip Code | Unliquidated | | | | |
| Who incurred the debt? Check one. | Disputed | | | | |
| Debtor 1 only | Type of NONPRIORITY unsecured claim: | | | | |
| Debtor 2 only | Student loans | | | | |
| Debtor 1 and Debtor 2 only | | | | | |
| At least one of the debtors and another | Obligations arising out of a separation agreement or divorce that you did not report as priority claims | | | | |
| Check if this claim relates to a community debt | Debts to pension or profit-sharing plans, and other similar debts | | | | |
| Is the claim subject to offset? | ✓ Other. Specify parking tickets | | | | |
| ✓ No | | | | | |
| Yes | | | | | |
| 4.11 Wow Internet & Cable | Last 4 digits of account number \$600.00 | | | | |
| Nonpriority Creditor's Name | | | | | |
| PO Box 63000 | When was the debt incurred?n/a | | | | |
| Number Street | As of the date you file, the claim is: Check all that apply. | | | | |
| Calculate Carrier as Calculate 20000 | Contingent | | | | |
| Colorado SpringsColorado80962CityStateZip Code | Unliquidated Unliquidated | | | | |
| Who incurred the debt? Check one. | Disputed | | | | |
| ✓ Debtor 1 only □ Debtor 2 only | Type of NONPRIORITY unsecured claim: | | | | |
| | Student loans | | | | |
| Debtor 1 and Debtor 2 only | Obligations arising out of a separation agreement or divorce that | | | | |
| At least one of the debtors and another | you did not report as priority claims | | | | |
| Check if this claim relates to a community debt | Debts to pension or profit-sharing plans, and other similar debts | | | | |
| Is the claim subject to offset? | ✓ Other. Specify | | | | |
| <u>✓</u> No | | | | | |
| Yes | | | | | |
| | | | | | |

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Part 4: Add the Amounts for Each Type of Unsecured Claim

| | Total the amounts of certain types of unsecured claims. This information is for statistical reporting purposes only. 28 U.S.C. §159. Add the amounts for each type of unsecured claim. | | | | | | | |
|--------------------------|--|---|-----|--------------|--|--|--|--|
| | | | | Total claims | | | | |
| Total claims from Part 1 | 6a. | Domestic support obligations. | 6a. | \$0.00 | | | | |
| | 6b. | Taxes and certain other debts you owe the government | 6b. | \$400.00 | | | | |
| | 6c. | Claims for death or personal injury while you were intoxicated | 6c. | \$0.00 | | | | |
| | 6d. | Other. Add all other priority unsecured claims. Write that amount here. | 6d. | \$0.00 | | | | |
| | 6e. | Total. Add lines 6a through 6d. | 6e. | \$400.00 | | | | |
| | | | | Total claims | | | | |
| Total claims from Part 2 | 6f. | Student loans | 6f. | \$0.00 | | | | |
| | 6g. | Obligations arising out of a separation agreement or divorce that you did not report as priority claims | 6g. | \$0.00 | | | | |
| | 6h. | Debts to pension or profit-sharing plans, and other similar debts | 6h. | \$0.00 | | | | |
| | 6i. | Other. Add all other nonpriority unsecured claims. Write that amount here. | 6i. | \$13,518.00 | | | | |
| | 6j. | Total. Add lines 6f through 6i. | 6j. | \$13,518.00 | | | | |

| Fill in this inform | Case 16-2264 ation to identify your case | | 7/14/16 Entered | <u>07/1</u> 4/16 15:25:48 | Desc Main |
|------------------------|--|-----------------------------------|--------------------------------|--|--|
| | ation to identify your case | 5 . | J | | |
| Debtor 1 | Ernest | | Murphy | | |
| | First Name | Middle Name | Last Name | | |
| Debtor 2 | | A C L U A L | | | |
| (Spouse, if filing) | First Name | Middle Name | Last Name | | |
| United States Ba | ankruptcy Court for the: | Northern | District of Illinois | | |
| | | _ | (State) | | |
| Case number (If known) | | | | | |
| (ii kilowii) | | | | | Check if this is a |
| Official F | Form 106G | | | | amended filing |
| | | | | | Ü |
| Schedul | e G: Execut | ory Contracts | and Unexpired | l Leases | 12/1 |
| | l, copy the additional p | | | | ing correct information. If more onal pages, write your name and |
| 1. Do you ha | ave any executory | contracts or unexpired | d leases? | | |
| No. Ched | ck this box and file this fo | rm with the court with your other | er schedules. You have nothing | else to report on this form. | |
| Yes. Fill i | n all of the information be | elow even if the contracts or le | ases are listed on Schedule A | /B: Property (Official Form 106A | √B). |
| | | | | state what each contract or le imples of executory contracts an | |
| Person | or company with whor | n you have the contract or l | ease | State what the contrac | t or lease is for |
| 2.1 Mccarthy, Name | Thomas | | | Residential Lease, Debtor is Lessee, | |

Yearly lease

2545 S 14th Ave Number

Broadview City Street

Illinois State 60155 Zip Code

| | | 0 10 0001 | 5 D. 4 E'l. 10 | 7/4 4/4 6 | 27/4 4/4 0 4 5 0 5 40 | Danie Malia |
|----------------|-----------------------|---|-----------------------------------|-------------------------------|---------------------------------|--|
| Fill | in this informa | Case 16-2264 ation to identify your cas | | //14/16 Entered (| 07/14/16 15:25:48 | Desc Main |
| De | btor 1 | Ernest | | Murphy | | |
| Do | btor 2 | First Name | Middle Name | Last Name | | |
| | ouse, if filing) | First Name | Middle Name | Last Name | _ | |
| Un | ited States Ba | ankruptcy Court for the: | Northern | District of Illinois | _ | |
| Ca | se number | | | (State) | | |
| (If I | known) | | | | | Charlettein in a |
| | | | | | | Check if this is a amended filing |
| O ⁱ | fficial F | orm 106H | | | | |
| Sc | hedul | H: Your Co | odebtors | | | 12/1: |
| | ✓ No ☐ Yes Within the | ast 8 years, have you | | | | es include Arizona, California, Idaho, |
| | _ | to line 3. | one ruse, romas, rras inigion, | , | | |
| | Yes. Di | | pouse, or legal equivalent live v | vith you at the time? | | |
| | | | state or territory did you live? | Fill in the r | name and current address of tha | at person. |
| | | Name of your spouse, f | ormer spouse, or legal equival | ent | | |
| | | Number Street | | | | |
| | | City | State | Zip Code | | |
| 3. | as a codebt | or only if that person | is a guarantor or cosigner. I | lake sure you have listed the | | the person shown in line 2 again icial Form 106D), <i>Schedule E/F</i> lumn 2. |
| | Column 1: | Your codebtor | | | Column 2: The creditor to | vhom you owe the debt |

Check all schedules that apply:

| Fill in th | is information to identify | y your case: | | | 4/16 15 | :25:48 I | Desc Mai | n |
|-----------------------|---|---|------------------------|--------------|--------------------|------------------|------------------|--|
| | | Docar | • | <u> </u> | 5 7 | | | |
| Debtor 1 | Ernest | | Murphy | | | | | |
| | First Name | Middle Name | Last Name | | | Check if this is | 3: | |
| Debtor 2 | filing) First Name | Middle Name | Last Name | | | An amend | led filina | |
| opouco, ii | riisi Name | Middle Name | Last Name | | | = | Ü | ant notition abouter 1 |
| Jnited Sta | tes Bankruptcy Court for the: | Northern | District of Illinois | | | | as of the follov | oost-petition chapter 1: ving date: |
| 2000 00.000 | hor | | (State) | | | • | | |
| Case num If known) | | | | | | MM / DD | / YYYY | |
| Officia | al Form 106I | | | | | | | |
| | dule I: Your Inc | rome | | | | | | 404 |
| CHE | dule I. Tour Inc | ,one | | | | | | 12/1 |
| ages, w | | e. If more space is neede se number (if known). A ent | | | | | | , |
| 1. | Fill in your employment | | Debtor 1 | | | Debtor 2 | | |
| | information. | | | | | | | |
| | If you have more than one | Employment status | Employed | | | Employe | d | |
| | job, | | ✓ Not Employed | | | ☐ Not Emp | loyed | |
| | attach a separate page with | Occupation | | | | | | |
| | information about additional employers. | Occupation | | | | | | |
| | епроуеть. | Employer's name | | | | | | |
| | Include part time, seasonal, | Employer's address | | | | | | |
| | or self-employed work. | | Number Street | | | Number Street | | |
| | . , | | | | | | | |
| | Occupation may include student | | | | | | | |
| | or homemaker, if it applies. | | | | | | | |
| | | | City | State | Zip Code | City | State | zip Code |
| | | How long employed there? | | | | | | |
| Part 2: | Give Details About I | | | | | | | |
| | | | | | | | | |
| Estimate are separ | - | date you file this form. If you ha | ave nothing to report | for any line | write \$0 in the s | space. Include y | your non-filing | spouse unless you |
| | | ore than one employer, combine the | he information for all | employers f | or that person or | the lines belov | v. If you need r | more space, attach |
| a separat | e sheet to this form. | | | For D | ebtor 1 | For Debtor | | |
| | | ry, and commissions (before all | | | \$0.00 | | | |
| | mate and list monthly overt | | 3. | | + \$0.00 | | | |

4. Calculate gross income. Add line 2 + line 3.

\$0.00

Filed 07/14/16 Entered @744446 45.25:48 Desc Main Ernest Case 16-22645 Doc 1 Documentame Page 32 of 67 For Debtor 2 or For Debtor 1 non-filing spouse Copy line 4 here 4 \$0.00 5. List all payroll deductions: 5a. Tax, Medicare, and Social Security deductions 5a. \$0.00 5b. 5b. Mandatory contributions for retirement plans \$0.00 5c. Voluntary contributions for retirement plans 5c. \$0.00 5d. Required repayments of retirement fund loans 5d. \$0.00 5e. Insurance 5e. \$0.00 5f. Domestic support obligations 5f. \$0.00 5q. Union dues 5g. \$0.00 5h. + \$0.00 5h. Other deductions. Specify: 6. Add the payroll deductions. Add lines 5a + 5b + 5c + 5d + 5e + 5f + 5g + 5h. 6. \$0.00 7. Calculate total monthly take-home pay. Subtract line 6 from line 4. 7. \$0.00 8. List all other income regularly received: 8a. Net income from rental property and from operating a business, profession, or farm Attach a statement for each property and business showing gross receipts, ordinary and necessary business expenses, and the total \$0.00 monthly net income. 8a. 8b. Interest and dividends 8b. \$0.00 8c. Family support payments that you, a non-filing spouse, or a dependent regularly receive Include alimony, spousal support, child support, maintenance, divorce settlement, and property settlement. 8c. \$0.00 8d. Unemployment compensation 8d. \$0.00 8e. Social Security 8e. \$1,013.00 8f. Other government assistance that you regularly receive Include cash assistance and the value (if known) of any non-cash assistance that you receive, such as food stamps (benefits under the Supplemental Nutrition Assistance Program) or housing subsidies Specify: Food Assistance Programs Income \$196.00 8f. 8g. Pension or retirement income 8g. \$0.00 8h. Other monthly income. Specify: 8h. + \$0.00 9. Add all other income Add lines 8a + 8b + 8c + 8d + 8e + 8f +8g + 8h. 9. \$1,209.00 10. Calculate monthly income. Add line 7 + line 9. 10. \$1,209.00 \$1,209.00 Add the entries in line 10 for Debtor 1 and Debtor 2 or non-filing spouse 11. State all other regular contributions to the expenses that you list in Schedule J. Include contributions from an unmarried partner, members of your household, your dependents, your roommates, and other friends or relatives Do not include any amounts already included in lines 2-10 or amounts that are not available to pay expenses listed in Schedule J. 11. + \$0.00 12. Add the amount in the last column of line 10 to the amount in line 11. The result is the combined monthly income. 12. Write that amount on the Summary of Schedules and Statistical Summary of Certain Liabilities and Related Data, if it applies \$1,209.00 Combined monthly income 13. Do you expect an increase or decrease within the year after you file this form? Yes. Explain:

| | Case 16-2264 | 5 Doc 1 Filed 07 | 7/14/16 Entered 07/1 | 4/16 15:25:48 | Desc Ma | in |
|------------------------------|---|--|--|-------------------------------------|------------------------|----------------|
| Fill in this inform | ation to identify your case | e: | <u> </u> | | | |
| Debtor 1 | Ernest | | Murphy | | | |
| | First Name | Middle Name | Last Name | | | |
| Debtor 2 (Spouse, if filing) | First Name | Middle Name | Loot Name | Check if this is: | | |
| (Opouse, ii iiiiig) | riisi ivame | ivildale name | Last Name | An amended filing | | |
| United States Ba | ankruptcy Court for the: | Northern | District of Illinois | A supplement sho expenses as of the | • | • |
| Case number | | | (State) | expenses as or the | Fioliowing date | 5 . |
| (If known) | | | _ | MM / DD / YYYY | | |
| Official F | orm 106J | | | | | |
| | J: Your Ex | nenses | | | | 12/1 |
| | | • | | | | 121 |
| information. If m | | | filing together, both are equally r orm. On the top of any additional | | | mber |
| <u>`</u> | ribe Your Househo | old | | | | |
| 1. Is this a joint | case? | | | | | |
| ✓ No. Go t | o line 2 | | | | | |
| □ Vos Do | es Debtor 2 live in a se | narate household? | | | | |
| | | parate nousenoia. | | | | |
| | No | | | | | |
| | ' | Official Forms 106J-2, Expense | es for Separate Household of Debto | r 2. | | |
| 2. Do you have | dependents? | 0 | | | | |
| Do not list De Debtor 2. | | es. Fill out this information for ach dependent | Dependent's relationship to Debtor 1 or Debtor 2 | Dependent's age | Does depe with you? | endent live |
| 3. Do your expe | T N | 0 | | | | |
| expenses of than | people other N | | | | | |
| yourself and | your 🗀 | es | | | | |
| dependents | ? | | | | | |
| Part 2: Estim | ate Your Ongoing | Monthly Expenses | | | | |
| - | a date after the bankr | | ou are using this form as a supple lemental Schedule J, check the I | - | - | e |
| Include expens | es naid for with non-c | ash government assistance if | you know the value of | | | |
| | | on Schedule I: Your Income (| | | , | Your expenses |
| | r home ownership exp the ground or lot. 4. | enses for your residence. Incl | ude first mortgage payments and | | 4. | \$470.00 |
| If not inclu | ded in line 4: | | | | | |
| 4a. Real est | ate taxes | | | | 4a | \$0.00 |
| 4b. Property | , homeowner's, or renter | 's insurance | | | 4b. | \$0.00 |
| 4c. Home m | aintenance, repair, and u | okeep expenses | | | 4c. | \$0.00 |

\$0.00

4d.

4d. Homeowner's association or condominium dues

Debtor 1 Ernest Case 16-22645 Doc 1 Filed 07/Mr4/16 Entered 07/14/16 /165/25:48 Desc Main

Document Page 34 of 67 Your expenses 5. Additional mortgage payments for your residence, such as home equity loans \$0.00 5. 6. Utilities: 6a. Electricity, heat, natural gas \$100.00 6a. 6b. Water, sewer, garbage collection \$0.00 6b. 6c. Telephone, cell phone, Internet, satellite, and cable services \$80.00 6c. 6d. Other. Specify: cell phone \$79.00 6d 7. Food and housekeeping supplies \$250.00 7. 8. Childcare and children's education costs \$0.00 8. 9. Clothing, laundry, and dry cleaning \$10.00 9. 10. Personal care products and services \$10.00 10. 11. Medical and dental expenses \$10.00 11. 12. Transportation. Include gas, maintenance, bus or train fare. \$50.00 12. Do not include car payments 13. Entertainment, clubs, recreation, newspapers, magazines, and books \$0.00 13. 14. Charitable contributions and religious donations \$0.00 14. 15. Insurance. Do not include insurance deducted from your pay or included in lines 4 or 20. 15a. Life insurance \$0.00 15a 15b. Health insurance \$0.00 15b 15c. Vehicle insurance \$0.00 15c 15d. Other insurance. Specify: \$0.00 15d 16. Taxes. Do not include taxes deducted from your pay or included in lines 4 or 20. Specify: _ \$0.00 16 17. Installment or lease payments: 17a. Car payments for Vehicle 1 \$0.00 17a 17b. Car payments for Vehicle 2 17b \$0.00 17c. Other. Specify: \$0.00 17c 17d. Other. Specify: \$0.00 17d 18. Your payments of alimony, maintenance, and support that you did not report as deducted from \$0.00 your pay on line 5, Schedule I, Your Income (Official Form 106l). 18. 19. Other payments you make to support others who do not live with you. Specify: \$0.00 19. 20.Other real property expenses not included in lines 4 or 5 of this form or on Schedule I: Your Income. 20a. Mortgages on other property \$0.00 20a 20b. Real estate taxes. \$0.00 20b 20c. Property, homeowner's, or renter's insurance \$0.00 20c 20d. Maintenance, repair, and upkeep expenses. \$0.00 20d 20e. Homeowner's association or condominium dues \$0.00 20e

| Debtor 1 | Ernest Case 16-22645 | | Filed 07/11/41/16 | Entered 07/41/4/16 | 145 w25:48 Desc Ma | ain | | |
|---|--|-----------------|--------------------------------------|-------------------------|--------------------|------------|--|--|
| | First Name | Middle Name | Docum le tnt [™] | Page 35 of 67 | | | | |
| 21.Other | Specify: | | | | 21 | \$0.00 | | |
| | | | | | | | | |
| 22. Calc u | late your monthly expenses. | | | | | \$1,059.00 | | |
| 22a. A | dd lines 4 through 21. | | | | | \$0.00 | | |
| 22b. C | 22b. Copy line 22 (monthly expenses for Debtor 2), if any, from Official Form 106J-2 | | | | | | | |
| 22c. A | dd line 22a and 22b. The result is | your monthly ex | xpenses. | | 22. | | | |
| 23.Calcu | late your monthly net income. | | | | | | | |
| 23a. Copy line 12 (your combined monthly income) from Schedule I. | | | | | | | | |
| 23b. C | copy your monthly expenses from l | ine 22 above. | | | 23b | \$1,059.00 | | |
| 23c. S | 23c. Subtract your monthly expenses from your monthly income. | | | | | | | |
| - | The result is your monthly net inco | me. | | | 23c | | | |
| 24. Do vo | ou expect an increase or decrea | ase in vour ext | penses within the year af | ter you file this form? | | | | |
| - | - | | - | | | | | |
| | xample, do you expect to finish pa gage payment to increase or decr | | | | | | | |
| √ 1 | | | | 3.3. | | | | |
| _ | | | | | | | | |
| П, | ⁄es | | | | | | | |
| | Explain here: | | | | | | | |
| | | | | | | | | |
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| | | Case 16-2264! | 5 Doc 1 Filed (| 17/1 <i>4/</i> 16 I | =ntared 07/ | L4/16 15:25:48 | Desc Main |
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| Filli | in this inform | ation to identify your case | | 7771471() | Ulered ()// | 4/10 13.23.40 | Desc Main |
| Deb | otor 1 | Ernest | | Murphy | | | |
| | otor 2 | First Name | Middle Name | Last Nan | ne | | |
| (Spo | ouse, if filing) | First Name | Middle Name | Last Nan | ne | | |
| Unit | ted States Ba | ankruptcy Court for the: | Northern | District of Illing | | | |
| | se number | - | | (Sta | te) | | |
| , | ficial F | Form 106De | C | | | | Check if this is a amended filing |
| De | clarat | ion About aı | _ n Individual De | ebtor's S | chedules | | 12/1: |
| lf two | o married p | eople are filing togethe | r, both are equally respons | sible for supplyir | g correct informa | tion. | |
| prop 1519 | | d in connection with a | | | | | ing property, or obtaining money or |
| | Did you pa ✓ No | y or agree to pay some | one who is NOT an attorne | y to help you fill | out bankruptcy fo | rms? | |
| Yes. Name of person | | | | | ankruptcy Petition e (Official Form 119 | ation, and | |
| | | alty of perjury, I declare | e that I have read the summ | ary and schedul | es filed with this c | leclaration and | |
| x | /s/ Ernest | Murphy | | , | c | | |
| | Signature of | · · | | • | Signature of Deb | otor 2 | |
| | Date 7/14/2 | 2016 DD/YYYY | | | Date | YYY | |

| Fill | in this infor | Case 16-226 | | Filed 07/14/16 | Entered 07 | /1,4/16 15:25:4 | 8 Desc | Main |
|------|--------------------|--------------------------|---------------------------|---|--------------------|-----------------|--------|--------------------------------------|
| | otor 1 | Ernest | | Murphy | | | | |
| Del | otor 2 | First Name | Middle | Name Last Na | me | | | |
| (Sp | ouse, if filin | g) First Name | Middle | Name Last Na | me | | | |
| Uni | ted States I | Bankruptcy Court for the | : <u>Northern</u> | District of Illir (St | nois ate) | | | |
| | se number nown) | | | | | | | |
| Of | ficial | Form 107 | | | | <u> </u> | | Check if this is a amended filing |
| | | | cial Affairs | for Individua | als Filina | for Bankrui | otcv | 12/1 |
| spac | e is neede | ed, attach a separate s | heet to this form. O | I people are filing togethen the top of any additiona s and Where You Liv | l pages, write you | | | |
| 1. | What is | s your current marital | status? | | | | | |
| | | arried t married | | | | | | |
| 2. | During | the last 3 years, have | you lived anywhere | other than where you live | now? | | | |
| | ✓ No Yes | | ou lived in the last 3 ye | ars. Do not include where yo | ou live now. | | | |
| | Del | btor 1: | | Dates Debtor 1 lived there | Debtor 2: | | | Dates Debtor 2 lived there |
| | | | | | Same as | Debtor 1 | | Same as Debtor 1 |
| | Nur | mber Street | | From | Number Stre | et | | From |
| | | | | _ To | | | | То |
| | City | / State | Zip Code | _ | City | State Zi | o Code | |
| | | | | | Same as | Debtor 1 | | Same as Debtor 1 |
| | Nur | mber Street | | - From | Number Stre | et . | | From |
| | | 11001 011001 | | _ To | | | | То |
| | City | / State | Zip Code | _ | City | State Zi | o Code | |
| 3. | | | • | use or legal equivalent in | • | | | ty property states and |
| | territories No | include Arizona, Califor | nia, Idaho, Louisiana, | Nevada, New Mexico, Puer otors (Official Form 106H). | | | | · · · · |
| | | | | | | | | |

Filed 07/14/16 Entered 07/14/16/145:25:48 Desc Main Documented Page 38 of 67 Debtor 1 Ernest Case 16-22645
First Name Doc 1

| Part | Part 2: Explain the Sources of Your Income | | | | | | | | | |
|------|--|---|--|--|---|--|--|--|--|--|
| | Did you have any income from employment Fill in the total amount of income you received activities. If you are filing a joint case and you have a provided in the case and you | from all jobs and all businesses | , including part-time | | | | | | | |
| | No✓ Yes. Fill in the details. | | | | | | | | | |
| | | Debtor 1 | | Debtor 2 | | | | | | |
| | | Sources of income Check all that apply. | Gross income (before deductions and exclusions) | Sources of income Check all that apply. | Gross income (before deductions and exclusions) | | | | | |
| | From January 1 of current year until the date you filed for bankruptcy: | Wages, commissions, bonuses, tips Operating a business | | Wages, commissions, bonuses, tips Operating a business | | | | | | |
| | For last calendar year: (January 1 to December 31, | Wages, commissions, bonuses, tips Operating a business | \$5500.00 | Wages, commissions, bonuses, tips Operating a business | | | | | | |
| | For the calendar year before that: (January 1 to December 31, | ✓ Wages, commissions, bonuses, tips ☐ Operating a business | \$18000.00 | Wages, commissions, bonuses, tips Operating a business | | | | | | |
| 1 | Include income regardless of whether that incombenefit payments; pensions; rental income; interand you have income that you received together. List each source and the gross income from each of the properties | rest; dividends; money collected , list it only once under Debtor 1. | from lawsuits; royalties; and | d gambling and lottery winnings. | | | | | | |
| | | Debtor 1 | | Debtor 2 | | | | | | |
| | | Sources of income Describe below. | Gross income from each source (before deductions and exclusions) | Sources of income Describe below. | Gross income from each source (before deductions and exclusions) | | | | | |
| | From Jonaton 4 of august voor until | estimated LINK | \$1,345.00 | | | | | | | |
| | From January 1 of current year until the date you filed for bankruptcy: | estimated ssi | \$7,019.00 | | | | | | | |
| | | estimated LINK | \$2,400.00 | | | | | | | |
| | For last calendar year: (January 1 to December 31, 2015) YYYY | estimated ssi | \$6,965.00 | | | | | | | |
| | For the calendar year before that: (January 1 to December 31, 2014) YYYY | estimated LINK | \$205.00 | | | | | | | |
| | | | | | | | | | | |

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List Certain Payments You Made Before You Filed for Bankruptcy

6. Are either Debtor 1's or Debtor 2's debts primarily consumer debts? No. Neither Debtor 1 nor Debtor 2 has primarily consumer debts. Consumer debts are defined in 11 U.S.C. § 101(8) as "incurred by an individual primarily for a personal, family, or household purpose." During the 90 days before you filed for bankruptcy, did you pay any creditor a total of \$6,425* or more? No. Go to line 7. Yes. List below each creditor to whom you paid a total of \$6,425* or more in one or more payments and the total amount you paid that creditor. Do not include payments for domestic support obligations, such as child support and alimony. Also, do not include payments to an attorney for this bankruptcy case. * Subject to adjustment on 4/01/19 and every 3 years after that for cases filed on or after the date of adjustment. Yes. Debtor 1 or Debtor 2 or both have primarily consumer debts. During the 90 days before you filed for bankruptcy, did you pay any creditor a total of \$600 or more? ✓ No. Go to line 7. Yes. List below each creditor to whom you paid a total of \$600 or more and the total amount you paid that creditor. Do not include payments for domestic support obligations, such as child support and alimony. Also, do not include payments to an attorney for this bankruptcy case. Dates of payment Total amount paid Amount you still owe Was this payment for... Mortgage Creditor's Name Car Number Street Credit card Loan repayment Suppliers or City State Zip Code vendors Other Mortgage Creditor's Name Car Number Street Credit card Loan repayment Suppliers or vendors City State Zip Code Other Mortgage Creditor's Name Car Number Street Credit card Loan repayment Suppliers or vendors City State Zip Code

Part 3:

Other

Doc 1 Filed 07/114/16 Entered 07/114/16 115:25:48 Desc Main Debtor 1 Document Page 40 of 67 Within 1 year before you filed for bankruptcy, did you make a payment on a debt you owed anyone who was an insider? Insiders include your relatives; any general partners; relatives of any general partners; partnerships of which you are a general partner; corporations of which you are an officer, director, person in control, or owner of 20% or more of their voting securities; and any managing agent, including one for a business you operate as a sole proprietor. 11 U.S.C. § 101. Include payments for domestic support obligations, such as child support and alimony. Yes. List all payments to an insider. Dates of Total amount paid Amount you still Reason for this payment payment owe Insider's Name Number Street City State Zip Code Insider's Name Number Street City State Zip Code Within 1 year before you filed for bankruptcy, did you make any payments or transfer any property on account of a debt that benefited an Include payments on debts guaranteed or cosigned by an insider. Yes. List all payments that benefited an insider. Dates of Total amount paid Amount you still Reason for this payment payment owe Include creditor's name Insider's Name Number Street City State Zip Code Insider's Name Number Street City State Zip Code

Debtor 1 Ernest Case 16-22645
First Name Filed 07/11/4/16 Entered 07/11/4/16/125:48 Desc Main Doc 1

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Part 4: Identify Legal Actions, Repossessions, and Foreclosures

| | such matters, includ | filed for bankruptcy, wing personal injury cases | | | | | | tody modifications, | and contract |
|-----|---|--|----------|---------------------|--------------------|--------|----------|---------------------|--------------|
| ✓ N | lo es. Fill in the details. | | | | | | | | |
| | | | Nature o | of the case | Court or age | ncy | | Status of the ca | se |
| | Case title | | | | | | | Pending | |
| | | | | | Court Name | | | On appeal | |
| | Case number | | | | Number Stree | t | | Concluded | |
| | | | | | City | State | Zip Code | • | |
| | Case title | | | | | | | Pending | |
| | | | | | Court Name | | | · = | |
| | Case number | | | | Courtivanie | | | On appeal | |
| | | | | | Number Stree | t | | Concluded | |
| | | | | | City | State | Zip Code | • | |
| ä | Yes. Fill in the inform Creditor's Name Number Street | ation below. | | Describe the proper | | | Date | Value of t property | he |
| | | | | Property was repo | ossessed. | | | | |
| | | | | Property was fore | | | | | |
| | | | | Property was gar | | | | | |
| | City | State Zip Co | ode | Property was atta | ched, seized, or l | evied. | | | |
| | | | | Describe the proper | ty | | Date | Value of t property | he |
| | | | | | | | | | |
| | Creditor's Name | | | | | | | | |
| | Number Street | | | Explain what happe | ned | | | | |
| | number Street | | | Property was repo | necessed | | | | |
| | | | | Property was fore | | | | | |
| | | | | Property was gar | | | | | |
| | City | State Zip Co | ode | Property was atta | | evied. | | | |
| | , | p 0 | | _ · ′ | • | | | | |

| Deb | otor 1 | Ernest Case 16-22 First Name | | <u>ed 07/44/16 Entered</u> 07/14/16/14 Document Page 42 of 67 | 5w25: <u>48 Desc</u> | Main |
|------|--------|--|-----------------------------|--|--------------------------|--------------------------|
| 11. | | | | y creditor, including a bank or financial institution | , set off any amounts fr | om your |
| | | No Yes. Fill in the details. | | | | |
| | | | | Describe the action the creditor took | Date action was taken | Amount |
| | | Creditor's Name | | _ | | |
| | | Number Street | | _ | | |
| | | | | _ Last 4 digits of account number: XXXX- | | |
| | | City Stat | te Zip Code | _ | | |
| 12. | | iin 1 year before you filed iver, a custodian, or ano | | of your property in the possession of an assignee | for the benefit of credi | itors, a court-appointed |
| | | No Yes | | | | |
| Part | t 5: | List Certain Gifts ar | nd Contributions | | | |
| 13. | | | iled for bankruptcy, did yo | u give any gifts with a total value of more than \$60 | 00 per person? | |
| | | No Yes. Fill in the details for | each gift. | | | |
| | | Gifts with a total value oper person | | Describe the gifts | Dates you gave the gifts | Value |
| | | Person to Whom You Gav | e the Gift | _ _ | | |
| | | Number Street | | _ | | |
| | | City Stat Person's relationship to yo | | _ | | |
| | | Person to Whom You Gav | e the Gift | _ _ | | |
| | | Number Street | | _ | | |
| | | City Stat | · | _ | | |
| | | Person's relationship to yo | ou | | | |
| | | | | | | |

| | | FIRST Name | IVIIddie Name Do | ocumente Page 43 of 67 | | |
|------|----------|---|-----------------------------|---|-----------------------------------|------------------------|
| 14. | With | nin 2 years before you filed fo | | give any gifts or contributions with a total value of mor | e than \$600 to an | y charity? |
| | ✓ | No Yes. Fill in the details for each | gift or contribution. | | | |
| | _ | Gifts with a total value of mo | _ | Describe the gifts | Dates you gave the gifts | Value |
| | | Charity's Name | | | | |
| | | N. orbona Otroni | | | | |
| | | Number Street City State | Zip Code | | | |
| Part | 6: | List Certain Losses | Zip Code | | | |
| 15. | With | in 1 year before you filed for | bankruptcy or since y | ou filed for bankruptcy, did you lose anything because | of theft, fire, othe | r disaster, or |
| | _ | bling? No | | | | |
| | | Yes. Fill in the details. Describe the property you lo | st and | Describe any insurance coverage for the loss | Date of your | Value of property lost |
| | | how the loss occurred | | Include the amount that insurance has paid. List pending insurance claims on line 33 of Schedule A/B: Property. | loss | |
| | | | | | | |
| Part | 7: | List Certain Payments o | r Transfers | | | |
| 16. | seek | ing bankruptcy or preparing | a bankruptcy petition? | | | ne you consulted about |
| | | de any attorneys, bankruptcy pe No | itition preparers, or credi | t counseling agencies for services required in your bankrupto | cy. | |
| | ✓ | Yes. Fill in the details. | | | | |
| | | | | Description and value of any property transferred | Date payment or transfer was made | Amount of payment |
| | | Walters, Corey Person Who Was Paid | | Attorney's Fee - 400.00 | 7/13/2016 | \$400.00 |
| | | Number Street | | | | |
| | | | | | | |
| | | City State | Zip Code | | | |
| | | Email or website address | | | | |
| | | Person Who Made the Paymen | t, if Not You | | 1 | |
| | | Person Who Was Paid | | | | |
| | | Number Street | | | | |
| | | City State | Zip Code | | | |
| | | Email or website address | · | | | |
| | | Person Who Made the Paymen | t, if Not You | | | |
| | | | | | | |

Debtor 1 Ernest Case 16-22645 Doc 1 Filed 07/114/16 Entered 07/114/16 (1/45)25:48 Desc Main

| Deb | tor 1 | Ernest Case 16-22645 First Name | | d 07/14/16 cumetht | Entered @7/14 Page 44 of 67 | /11.6 /14.5;25: | 48 Desc | <u>Main</u> | |
|-----|----------------|---|--|----------------------------------|--------------------------------|------------------------|---|-------------|------------------------|
| 17. | you | nin 1 year before you filed for ba deal with your creditors or to ma not include any payment or transfer | ake payments to you | r creditors? | ng on your behalf pay o | or transfer any p | property to anyor | ne who p | promised to help |
| | ✓ | No Yes. Fill in the details. | | December 201 | lucka of annual and | | Data managed | • | |
| | | | | Description and | d value of any property | transferred | Date payment or transfer was made | Amour | nt or payment |
| | | Person Who Was Paid | | | | | | | |
| | | Number Street | | | | | | | |
| | | City State | Zip Code | | | | | | |
| 18. | Inclu trans | nin 2 years before you filed for be nary course of your business or de both outright transfers and transfers that you have already listed on No Yes. Fill in the details. | r financial affairs? sfers made as security | | | | | - | |
| | _ | | | Description and property transfe | | | property or paymets paid in exch | | Date transfer was made |
| | | Person Who Received Transfer | | | | | | | |
| | | Number Street | | | | | | | |
| | | City State Person's relationship to you | Zip Code | | | | | | |
| | | Person Who Received Transfer | | | | | | | |
| | | Number Street | | | | | | | |
| | | City State Person's relationship to you | Zip Code | | | | | | |
| 19. | (The | nin 10 years before you filed for use are often called asset-protection | | ransfer any prop | perty to a self-settled tru | ıst or similar de | vice of which yo | u are a k | peneficiary? |
| | Ц | Yes. Fill in the details. | | Description an | d value of the property | transferred | | | Date transfer was made |
| | | Name of trust | | | | | | | |
| | | | | | | | | | s |

Debtor 1 Ernest Case 16-22645
First Name Filed 07/414/16 Entered 07/414/16/15:25:48 Desc Main Documenter Page 45 of 67 Doc 1

Part 8: List Certain Financial Accounts, Instruments, Safe Deposit Boxes, and Storage Units

| 20. | or tr | nin 1 year before you filed for ansferred? de checking, savings, money m peratives, associations, and other | arket, or other financial a | | | | | | | |
|-----|-------|--|-----------------------------|------------------|-------------------------|----------|-----------------|----------------------------|---|---|
| | | No Yes. Fill in the details. | | | | | | | | |
| | | | | Last 4 number | digits of account er | | Type of instrum | account or ent | Date account was closed, sold, moved, or transferred | Last balance before closing or transfer |
| | | Person Who Was Paid | | XXXX- | | | | ecking ings | | |
| | | Number Street | | | | | = | ney market kerage er | | |
| | | City State | Zip Code | | | | | | | |
| | | Person Who Was Paid | | XXXX- | | | = | cking ings | | |
| | | Number Street | | | | | Mor | ney market kerage | | |
| | | City State | Zip Code | • | | | _ | | | |
| | valu | vou now have, or did you have ables? No Yes. Fill in the details. | | | had access to it? | | | Describe the contents | | Do you still have it? |
| | | Name of Financial Institution | Na | ame | | | | | | ☐ No |
| | | Number Street | Nu | ımber | Street | | | | | Yes |
| | | City State | Zip Code | ty | State | Zip C | ode | | | |
| 22. | Have | e you stored property in a sto | · | er than y | your home within | 1 year k | oefore y | ou filed for bankruptcy | ? | |
| | | No Yes. Fill in the details. | | | | | | | | |
| | _ | | w | ho else | had access to it? | | | Describe the contents | 3 | Do you still have it? |
| | | Name of Storage Facility | Na | ame | | | | | | ☐ No ☐ Yes |
| | | Number Street | Nu | ımber | Street | | | | | |
| | | Oit. | Cit | ty | State | Zip C | ode | | | |
| | | City State | Zip Code | | | | | | | |

| Debt | | Ernest Case 16-22645 Doc 1 First Name Middle Name | Docum | ≝nt ^{me} Pa(| ntered @7/1 ge 46 of 67 | r4/11.6 /14.5 i 25: <u>48 Desc Ma</u> i | n |
|------|---------|---|-------------------|-----------------------|----------------------------|---|------------------|
| Part | 9: | dentify Property You Hold or Contro | I for Some | one Else | | | |
| 23. | _ | ou hold or control any property that someone No | e else owns? I | nclude any pro | pperty you borro | owed from, are storing for, or hold in tr | ust for someone. |
| | Ц | Yes. Fill in the details. | Where is th | ne property? | | Describe the contents | Value |
| | | Owner's Name | Number Str | eet | | _ | |
| | | Number Street | | | | _ | |
| | | | City | State | Zip Code | - | |
| | | City State Zip Code | | | | | |
| | | Give Details About Environmental Ir | nformation | | | | |
| | | urpose of Part 10, the following definitions apply: | | | | | |
| | ha | nvironmental law means any federal, state, or loca azardous or toxic substances, wastes, or material i cluding statutes or regulations controlling the clea | nto the air, land | , soil, surface wa | ater, groundwater | | |
| | | ite means any location, facility, or property as define used to own, operate, or utilize it, including dispo | • | vironmental law, | whether you now | wown, operate, or utilize it | |
| | | azardous material means anything an environment xic substance, hazardous material, pollutant, conta | | | vaste, hazardous s | substance, | |
| Rep | ort all | notices, releases, and proceedings that you know | v about, regardle | ess of when they | occurred. | | |
| 24. | Has | any governmental unit notified you that you | may be liable o | or potentially lia | able under or in | violation of an environmental law? | |
| | _ | No Yes. Fill in the details. | · | | | | |
| | Ш | res. Fill III trie details. | Governme | ntal unit | | Environmental law, if you know it | Date of notice |
| | | Name of site | Government | al unit | | _ | |
| | | Number Street | Number Str | | | _ | |
| | | Number Street | - Number Su | eci | | _ | |
| | | | City | State | Zip Code | | |
| | | City State Zip Code | _ | | | | |
| 25. | Have | e you notified any governmental unit of any re | elease of haza | rdous material | ? | | |
| | | No Yes. Fill in the details. | | | | | |
| | _ | res. I ill ill the details. | Governmen | ntal unit | | Environmental law, if you know it | Date of notice |
| | | Name of site | Government | al unit | | - | |
| | | | Niversia en Otro | | | | |
| | | Number Street | Number Str | eet | | _ | |
| | | Number Street | City | State | Zip Code | _ | |

| Debt | tor 1 | Ernest Case 16-22645 First Name | Doc 1 F | iled 07/⁄14//16 Document | <u>Entered</u> ଫୁୟାୟ Page 47 of 67 | √11.6 (14.5 i 225:48 Desc Ma | ain |
|------|----------|---|-----------------------|-----------------------------|---------------------------------------|--|--------------------|
| 26. | Hav | e you been a party in any judicia | al or administrati | ve proceeding under a | ny environmental law | ? Include settlements and orders. | |
| | | No Yes. Fill in the details. | | | | | |
| | _ | | | Court or agency | | Nature of the case | Status of the case |
| | | Case title | | | | | Pending |
| | | | | Court Name | | | On appeal |
| | | Case number | , | Number Street | | | Concluded |
| | | | | City State | Zip Code | | |
| Part | 11: | Give Details About Your E | Business or C | Connections to Any | y Business | | |
| 27. | With | nin 4 years before you filed for b | ankruptcy, did y | ou own a business or h | nave any of the follow | ing connections to any business? | |
| | | A sole proprietor or self-emple A member of a limited liability | | - | | -time | |
| | | A partner in a partnership | | | | | |
| | | An officer, director, or managi An owner of at least 5% of the | - | | ١ | | |
| | ✓ | No. None of the above applies. Go | | | | | |
| | Ц | Yes. Check all that apply above an | d fill in the details | | ure of the business | Employer Identification n | umber Do not |
| | | | | | | include Social Security nu | |
| | | Business Name | | | | EIN: | |
| | | Number Street | | Name of account | ant or bookkeeper | Dates business existed | |
| | | City State | Zip Code | | | From To | |
| | | | | | | | |
| | | | | Describe the natu | ure of the business | Employer Identification n include Social Security nu | |
| | | Business Name | | | | EIN: | |
| | | Number Street | | Name of account | ant or bookkeeper | Dates business existed | |
| | | City State | Zip Code | | | From To | |
| | | | | | | | |
| | | | | Describe the natu | ure of the business | Employer Identification n include Social Security nu | |
| | | Business Name | | | | EIN: | |
| | | Number Street | | | | Dates business existed | |
| | | | | Name of account | ant or bookkeeper | From T | |
| | | City State | Zip Code | | | FromTo | |
| | | | | | | | |

| | otor 1 | Ernest Case 10 First Name | 0-22045 | | <u>led 07/⁄u/4//16</u> Documetht™ | | <u>ered</u> 0744144√1166/1453225: <u>48</u> 48 of 67 | Desc Main | _ |
|-----|---------|---|--|-----------------------------------|--------------------------------------|-----------|--|-----------------------------------|---|
| 28. | | nin 2 years before litors, or other par | • | | | | to anyone about your business? In | clude all financial institutions, | |
| | | No | la hala | | | | | | |
| | Ц | Yes. Fill in the detai | is delow. | | Date issued | | | | |
| | | | | | | | | | |
| | | Name | | | MM/DD/YYYY | | | | |
| | | Number Street | | | | | | | |
| | | City | State | Zip Code | | | | | |
| Par | t 12: | Sign Below | | | | | | | |
| | and c | | | | | | s, and I declare under penalty of per | | |
| | bankı | · · | | ip to \$250,000, or i | | | otaining money or property by fraudurs, or both. 18 U.S.C. §§ 152, 1341, | | |
| | bankı | x /s/ | sult in fines u | p to \$250,000, or in | | | Signature of Debtor 2 | | |
| | bankı | ★ /s/ Signat | sult in fines u Ernest Murphy | p to \$250,000, or in | | | rs, or both. 18 U.S.C. §§ 152, 1341, | | |
| | | ★ /s/ Signat | sult in fines u Ernest Murphy ure of Debtor 7/14/2016 | p to \$250,000 , or in | mprisonment for up | to 20 yea | Signature of Debtor 2 | 1519, and 3571. | |
| | Did y | ★ /s/ Signat | sult in fines u Ernest Murphy ure of Debtor 7/14/2016 | p to \$250,000 , or in | mprisonment for up | to 20 yea | Signature of Debtor 2 Date | 1519, and 3571. | |
| | Did y∉ | Signat Date ou attach addition | sult in fines u Ernest Murphy ure of Debtor 7/14/2016 | p to \$250,000 , or in | mprisonment for up | to 20 yea | Signature of Debtor 2 Date | 1519, and 3571. | |
| | Did y | /s/ Signat Date ou attach addition No 'es | Ernest Murphy ure of Debtor 7/14/2016 al pages to Y | y 1 1 our Statement of l | mprisonment for up | to 20 yea | Signature of Debtor 2 Date als Filing for Bankruptcy (Official F | 1519, and 3571. | |
| | Did y | /s/ Signat Date ou attach addition No 'es | Ernest Murphy ure of Debtor 7/14/2016 al pages to Y | y 1 1 our Statement of l | mprisonment for up | to 20 yea | Signature of Debtor 2 Date als Filing for Bankruptcy (Official F | 1519, and 3571. | |
| | Did you | /s/ Signat Date ou attach addition No 'es ou pay or agree to | Ernest Murphy ure of Debtor 7/14/2016 al pages to Y | y 1 1 our Statement of l | mprisonment for up | to 20 yea | Signature of Debtor 2 Date als Filing for Bankruptcy (Official F | 1519, and 3571. Form 107)? | |

UNITED STATES BANKRUPTCY COURT

Northern District of Illinois

| ln re | Ernest Murphy | Case No | |
|-------|--|--|---------------------------------------|
| _ | Debtor | _ | (If known) |
| | | Chapter | Chapter 13 |
| | DISCLOSURE OF COMPE | NSATION OF ATTORNEY | FOR DEBTOR |
| 1. | Pursuant to 11 U.S.C. § 329(a) and Fed. Bankr. P. compensation paid to me within one year before the rendered or to be rendered on behalf of the debtor. | e filing of the petition in bankruptcy, or a | greed to be paid to me, for services |
| | For legal services, I have agreed to accept | | \$4,000 |
| | Prior to the filing of this statement I have received | | \$400 |
| | Balance Due | | \$3,600 |
| 2. | The source of the compensation paid to me was: | | |
| | Debtor Ot | her (specify) | |
| 3. | The source of the compensation paid to me is: | | |
| | ✓ Debtor Ot | her (specify) | |
| 4. | I have not agreed to share the above-disclosed members and associates of my law firm. | d compensation with any other person ur | nless they are |
| | I have agreed to share the above-disclosed commembers or associates of my law firm. A copy the people sharing in the compensation, is atta | of the agreement, together with a list of | |
| 5. | In return for the above-disclosed fee, I have agree a. Analysis of the debtor's financial situation, a bankruptcy; | | · · · · · · · · · · · · · · · · · · · |
| | b. Preparation and filing of any petition, scheo | lules, statements of affairs and plan which | ch may be required; |
| | c. Representation of the debtor at the meeting | of creditors and confirmation hearing, a | nd any adjourned hearings thereof; |
| | d. Representation of the debtor in adversary p | roceedings and other contested bankrup | otcy matters; |
| 6. | By agreement with the debtor(s), the above-disclos | sed fee does not include the following se | rvices: |
| | | | |
| | | CERTIFICATION | |
| | I certify that the foregoing is a complete statement of debtor(s) in this bankruptcy proceedings. | of any agreement or arrangement for pa | yment to me for representation of |
| | 7/14/2016 | /s/ Corey Walters | |
| | Date | Signature of Attorney | |
| | | Semrad Law Firm | |

Name of law firm

B 203 (12/94)

UNITED STATES BANKRUPTCY COURT

Northern District of Illinois

| | | Northern District | ot Illinois | | | | | | |
|--------------|---|--|---|------------------------------|--|--|--|--|--|
| ıre - | Ernest Murphy Debtor | ************************************** | Case No. | | | | | | |
| | Dobtor | | Chapter | (If known) Chapter 13 | | | | | |
| | | | | Ollapter 10 | | | | | |
| | DISCLOSURE (| OF COMPENSATION | OF ATTORNEY FO | R DEBTOR | | | | | |
| 1. | Pursuant to 11 U.S.C. § 329(a) compensation paid to me within | and Fed. Bankr. P. 2016(b), I certify one year before the filing of the pe sehalf of the debtor(s) in contemplat | that I am the attorney for the | abovenamed debtor(s) and tha | | | | | |
| | For legal services, I have agree | | | \$4,000.0 | | | | | |
| | Prior to the filing of this stateme | ent I have received | | \$400.0 | | | | | |
| | Balance Due | | | \$3,600.0 | | | | | |
| 2. | The source of the compensation | paid to me was: | | | | | | | |
| | ✓ Debtor | Other (specify) | | £ | | | | | |
| 3. | The source of the compensation | paid to me is: | | | | | | | |
| | ✓ Debtor | Other (specify) | | | | | | | |
| 4. | I have not agreed to share t members and associates of | he above-disclosed compensation v f my law firm. | vith any other person unless the | ey are | | | | | |
| | I have agreed to share the a members or associates of n the people sharing in the cor | bove-disclosed compensation with a ny law firm. A copy of the agreemen mpensation, is attached. | a other person or persons who a nt, together with a list of the na | are not ames of | | | | | |
| 5. | In return for the above-disclosed fee, I have agreed to render legal service for all aspects of the bankruptcy case, including: a. Analysis of the debtor's financial situation, and rendering advice to the debtor in determining whether to file a petition in bankruptcy; | | | | | | | | |
| | b. Preparation and filing of any petition, schedules, statements of affairs and plan which may be required; | | | | | | | | |
| | c. Representation of the det | otor at the meeting of creditors and o | confirmation hearing, and any a | djourned hearings thereof; | | | | | |
| | d. Representation of the det | otor in adversary proceedings and o | ther contested bankruptcy matt | ters; | | | | | |
| 6. | By agreement with the debtor(s), | the above-disclosed fee does not in | nclude the following services: | | | | | | |
| | | | | W | | | | | |
| | | CERTIFICATIO | N | | | | | | |
| l d he de | certify that the foregoing is a con ebtor(s) in this bankruptcy procee | nplete statement of any agreement dings. | or arrangement for payment to | me for representation of | | | | | |
| · | 7/13/2016 | | /s/ Corey Walters | | | | | | |
| | Date | | Signature of Attorney | | | | | | |
| | | | Semrad Law Firm | | | | | | |
| | | | Name of law firm | | | | | | |

UNITED STATES BANKRUPTCY COURT NORTHERN DISTRICT OF ILLINOIS

RIGHTS AND RESPONSIBILITIES AGREEMENT BETWEEN CHAPTER 13 DEBTORS AND THEIR ATTORNEYS

(Court-Approved Retention Agreement, Revised as of 4/20/15)

Chapter 13 gives debtors important rights, such as the right to keep property that could otherwise be lost through repossession or foreclosure, but Chapter 13 also puts burdens on debtors, such as the burden of making complete and truthful disclosures of their financial situation. It is important for debtors who file a Chapter 13 bankruptcy case to understand their rights and responsibilities in bankruptcy. In this connection, the advice of an attorney is often crucial. Debtors are entitled to certain services from their attorneys, but debtors also have responsibilities to their attorneys. In order to assure that debtors and their attorneys understand their rights and responsibilities in the Chapter 13 process, the judges of the Bankruptcy Court for the Northern District of Illinois have approved this agreement, setting out the rights and responsibilities of both debtors in Chapter 13 and their attorneys, including how their attorneys will be paid for their services in the Chapter 13 case. By signing this agreement, debtors and their attorneys accept these responsibilities.

The Bankruptcy Code may require a debtor's attorney to provide the debtor with certain documents and agreements at the start of the representation. The terms of this court-approved agreement take the place of any conflicting provision in an earlier agreement. This agreement cannot be modified in any way by other agreements. Any provision of another agreement between the debtors and the attorney that conflicts with this agreement is void.

A. BEFORE THE CASE IS FILED

THE DEBTOR AGREES TO:

- 1. Discuss with the attorney the debtor's objectives in filing the case.
- 2. Provide the attorney with full, accurate and timely information, financial and otherwise, including properly documented proof of income.

THE ATTORNEY AGREES TO:

- 1. Personally counsel the debtor regarding the advisability of filing either a Chapter 13 or a Chapter 7 case, discuss both procedures (as well as non-bankruptcy options) with the debtor, and answer the debtor's questions.
- 2. Personally explain to the debtor that the attorney is being engaged to represent the debtor on all matters arising in the case, as required by Local Bankruptcy Rule, and explain how and when the attorney's fees and the trustee's fees are determined and paid.

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- 3. Personally review with the debtor and sign the completed petition, plan, statements, and schedules, as well as all amendments thereto, whether filed with the petition or later. (The schedules may be initially prepared with the help of clerical or paralegal staff of the attorney's office, but personal attention of the attorney is required for the review and signing.)
- 4. Timely prepare and file the debtor's petition, plan, statements, and schedules.
- 5. Explain to the debtor how, when, and where to make all necessary payments, including both payments that must be made directly to creditors and payments that must be made to the Chapter 13 trustee, with particular attention to housing and vehicle payments.
- 6. Advise the debtor of the need to maintain appropriate insurance.

B. AFTER THE CASE IS FILED

THE DEBTOR AGREES TO:

- 1. Make the required payments to the trustee and to whatever creditors are being paid directly, or, if required payments cannot be made, to notify the attorney immediately.
- 2. Appear punctually at the meeting of creditors (also called the "341 meeting") with recent proof of income and a picture identification card. (If the identification card does not include the debtor's social security number, the debtor must also bring to the meeting a social security card.) The debtor must be present in time for check-in and when the case is called for the actual examination.
- 3. Notify the attorney of any change in the debtor's address or telephone number.
- 4. Inform the attorney of any wage garnishments or liens or levies on assets that occur or continue after the filing of the case.
- 5. Contact the attorney immediately if the debtor loses employment, has a significant change in income, or experiences any other significant change in financial situation (such as serious illness, marriage, divorce or separation, lottery winnings, or an inheritance).
- 6. Notify the attorney if the debtor is sued or wishes to file a lawsuit (including divorce.)
- 7. Inform the attorney if any tax refunds to which the debtor is entitled are seized or not received when due from the IRS or Illinois Department of Revenue.
- 8. Contact the attorney before buying, refinancing, or selling real property, and before entering into any loan agreement.
- 9. Supply the attorney with copies of all tax returns filed while the case is pending.

THE ATTORNEY AGREES TO:

1. Advise the debtor of the requirement to attend the meeting of creditors, and notify the debtor of the date, time, and place of the meeting.

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- 2. Inform the debtor that the debtor must be punctual and, in the case of a joint filing, that both spouses must appear at the same meeting.
- 3. Provide knowledgeable legal representation for the debtor at the meeting of creditors (in time for check-in and the actual examination) and, unless excused by the trustee, for the confirmation hearing.
- 4. If the attorney will be employing another attorney to attend the 341 meeting or any court hearing, personally explain to the debtor in advance, the role and identity of the other attorney and provide the other attorney with the file in sufficient time to review it and properly represent the debtor.
- 5. Timely submit to the Chapter 13 trustee properly documented proof of income for the debtor, including business reports for self-employed debtors.
- 6. Timely respond to objections to plan confirmation and, where necessary, prepare, file, and serve an amended plan.
- 7. Timely prepare, file, and serve any necessary statements, amended statements, and schedules and any change of address, in accordance with information provided by the debtor.
- 8. Monitor all incoming case information (including, but not limited to, Order Confirming Plan, Notice of Intent to Pay Claims, and 6-month status reports) for accuracy and completeness. Contact the trustee promptly regarding any discrepancies.
- 9. Be available to respond to the debtor's questions throughout the term of the plan.
- 10. Prepare, file, and serve timely modifications to the plan after confirmation, when necessary, including modifications to suspend, lower, or increase plan payments.
- 11. Prepare, file, and serve necessary motions to buy or sell property and to incur debt.
- 12. Object to improper or invalid claims.
- 13. Timely respond to the Chapter 13 trustee's motions to dismiss the case, such as for payment default, or unfeasibility, and to motions to increase the percentage payment to unsecured creditors.
- 14. Timely respond to motions for relief from stay.
- 15. Prepare, file, and serve all appropriate motions to avoid liens.
- 16. Provide any other legal services necessary for the administration of the case.

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C. TERMINATION OR CONVERSION OF THE CASE AFTER ENTRY OF AN ORDER APPROVING FEES AND EXPENSES

- 1. Approved fees and expenses paid under the provisions set out below are generally not refundable in the event that the case is dismissed prior to its completion, unless the dismissal is due to a failure by the attorney to comply with the duties set out in this agreement. If such a dismissal is due to a failure by the attorney, the court may order a refund of fees on motion by the debtor.
- 2. If the case is dismissed after approval of the fees and expenses but before payment of all allowed fees and expenses, the order entered by the Bankruptcy Court allowing the fees and expenses is not a judgment against the debtor for the unpaid fees and expenses based on contract law or otherwise.
- 3. If the case is converted to a case under chapter 7 after approval of the fees and expenses under this agreement but before the payment of all fees and expenses, the attorney will be entitled to an administrative claim in the chapter 7 case for any unpaid fees and expenses, pursuant to section 726(b) of the Bankruptcy Code, plus any conversion fee the attorney pays on behalf of the debtor.

D. RETAINERS AND PREVIOUS PAYMENTS

- 1. The attorney may receive a retainer or other payment before filing the case but may not receive fees directly from the debtor after the filing of the case. Unless the following provision is checked and completed, any retainer received by the attorney will be treated as a security retainer, to be placed in the attorney's client trust account until approval of a fee application by the court.
- The attorney seeks to have the retainer received by the attorney treated as an advance payment retainer, which allows the attorney to take the retainer into income immediately. The attorney hereby provides the following further information and representations:
- (a) The special purpose for the advance payment retainer and why it is advantageous to the debtor is as follows:

Client understands taht any funds that client is rendering to The Semrad Law Firm, LLC as part of the advance payment retainer shall immediately become the property of The Semrad Law Firm, LLC in exchange for a commitment by The Semrad Law Firm, LLC to provide the legal services described above. Said funds will be deposited into the main bank account owned by The Semrad Law Firm, LLC and will be used for general expense of the firm. Client further understands that it is ordinarily the client's option to deposit funds with an attorney that shall remain client's property as security for future services. However, The Semrad Law Firm, LLC does not represent clients under such a security retainer because the preparation of a bankruptcy cases requires many disparate

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tasks and functions for the attorney amd support staff; some of which require legal expertise while other may be only ministerial in nature. Client further understands that the benefit that client is receiving under the fee arrangement is the commitment of The Semrad Law Firm, LLC to perform any and all work reasonably necessary to represent client's interest absent any extraordinary circumstance.

- (b) The retainer will not be held in a client trust account and will become property of the attorney upon payment and will be deposited into the attorney's general account;
- (c) The retainer is a flat fee for the services to be rendered during the chapter 13 case and will be applied for such services without the need for the attorney to keep detailed hourly time records for the specific services performed for the debtor;
- (d) Any portion of the retainer that is not earned or required for expenses will be refunded to the client; and
- (e) The attorney is unwilling to represent the debtor without receiving an advanced payment retainer because of the nature of the chapter 13 case, the fact that the great majority of services for such case are performed prior to its filing, and the risks associated with the representation of debtors in bankruptcy cases in general.
- 2. In any application for compensation the attorney must disclose to the court any fees or other compensation paid by the debtor to the attorney for any reason within the one year before the case filing.

E. CONDUCT AND DISCHARGE

- 1. Improper conduct by the attorney. If the debtor disputes the sufficiency or quality of the legal services provided or the amount of the fees charged by the attorney, the debtor may file an objection with the court and request a hearing.
- 2. Improper conduct by the debtor. If the attorney believes that the debtor is not complying with the debtor's responsibilities under this agreement or is otherwise engaging in improper conduct, the attorney may apply for a court order allowing the attorney to withdraw from the case.
- 3. Discharge of the attorney. The debtor may discharge the attorney at any time.



F. ALLOWANCE AND PAYMENT OF ATTORNEYS' FEES AND EXPENSES

- 1. Any attorney retained to represent a debtor in a Chapter 13 case is responsible for representing the debtor on all matters arising in the case unless otherwise ordered by the court. For all of the services outlined above, the attorney will be paid a flat fee of \$4000.00
- 2. In addition, the debtor will pay the filing fee required in the case of \$ 310.00
- 3. Before signing this agreement, the attorney has received, \$ 400.00 toward the flat fee, leaving a balance due of \$ 3600.00 ; and \$ 66.76 for expenses, leaving a balance due for the filing fee of \$ 310.00

4. In extraordinary circumstances, such as extended evidentiary hearings or appeals, the attorney may apply to the court for additional compensation for these services. Any such application must be accompanied by an itemization of the services rendered, showing the date, the time expended, and the identity of the attorney performing the services. The debtor must be served with a copy of the application and notified of the right to appear in court to object.

Date: 07/13/2016

Signed:

ERNEST MURPHY

/s/ Corey Walters 6322871

Debtor(s)

Attorney for the Debtor(s)

Do not sign this agreement if the amounts are blank.

Notice Required by 11 U.S.C. § 342(b) for Individuals Filing for Bankruptcy (Form 2010)

This notice is for you if:

You are an individual filing for bankruptcy,

and

Your debts are primarily consumer debts.

Consumer debts are defined in 11 U.S.C. § 101(8) as "incurred by an individual primarily for a personal, family, or household purpose."

The types of bankruptcy that are available to individuals

Individuals who meet the qualifications may file under one of four different chapters of the Bankruptcy Code:

- Chapter 7 Liquidation
- Chapter 11 Reorganization
- Chapter 12 Voluntary repayment plan for family farmers or fishermen
- Chapter 13 Voluntary repayment plan for individuals with regular income

You should have an attorney review your decision to file for bankruptcy and the choice of chapter.

Chapter 7: Liquidation

| | \$245 | filing fee |
|---|-------|--------------------|
| | \$75 | administrative fee |
| + | \$15 | trustee surcharge |
| | \$335 | total fee |

Chapter 7 is for individuals who have financial difficulty preventing them from paying their debts and who are willing to allow their nonexempt property to be used to pay their creditors. The primary purpose of filing under chapter 7 is to have your debts discharged. The bankruptcy discharge relieves you after bankruptcy from having to pay many of your pre-bankruptcy debts. Exceptions exist for particular debts, and liens on property may still be enforced after discharge. For example, a creditor may have the right to foreclose a home mortgage or repossess an automobile.

However, if the court finds that you have committed certain kinds of improper conduct described in the Bankruptcy Code, the court may deny your discharge.

You should know that even if you file chapter 7 and you receive a discharge, some debts are not discharged under the law. Therefore, you may still be responsible to pay:

- most taxes;
- most student loans;
- domestic support and property settlement obligations;

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- most fines, penalties, forfeitures, and criminal restitution obligations; and
- certain debts that are not listed in your bankruptcy papers.

You may also be required to pay debts arising from:

- fraud or theft;
- fraud or defalcation while acting in breach of fiduciary capacity;
- intentional injuries that you inflicted; and
- death or personal injury caused by operating a motor vehicle, vessel, or aircraft while intoxicated from alcohol or drugs.

If your debts are primarily consumer debts, the court can dismiss your chapter 7 case if it finds that you have enough income to repay creditors a certain amount. You must file *Chapter 7 Statement of Your Current Monthly Income* (Official Form 122A–1) if you are an individual filing for bankruptcy under chapter 7. This form will determine your current monthly income and compare whether your income is more than the median income that applies in your state.

If your income is not above the median for your state, you will not have to complete the other chapter 7 form, the *Chapter 7 Means Test Calculation* (Official Form 122A–2).

If your income is above the median for your state, you must file a second form — the Chapter 7 Means Test Calculation (Official Form 122A-2). The calculations on the form— sometimes called the Means Test—deduct from your income living expenses and payments on certain debts to determine any amount available to pay unsecured creditors. If

Entered 07/14/16 15:25:48 Desc Main Page 58 of 67 your income is more than the median income for

your income is more than the median income for your state of residence and family size, depending on the results of the *Means Test*, the U.S. trustee, bankruptcy administrator, or creditors can file a motion to dismiss your case under § 707(b) of the Bankruptcy Code. If a motion is filed, the court will decide if your case should be dismissed. To avoid dismissal, you may choose to proceed under another chapter of the Bankruptcy Code.

If you are an individual filing for chapter 7 bankruptcy, the trustee may sell your property to pay your debts, subject to your right to exempt the property or a portion of the proceeds from the sale of the property. The property, and the proceeds from property that your bankruptcy trustee sells or liquidates that you are entitled to, is called *exempt property*. Exemptions may enable you to keep your home, a car, clothing, and household items or to receive some of the proceeds if the property is sold.

Exemptions are not automatic. To exempt property, you must list it on *Schedule C: The Property You Claim as Exempt* (Official Form 106C). If you do not list the property, the trustee may sell it and pay all of the proceeds to your creditors.

Chapter 11: Reorganization

| | \$1,167 | filing fee |
|---|---------|--------------------|
| + | \$550 | administrative fee |
| | \$1,717 | total fee |

Chapter 11 is often used for reorganizing a business, but is also available to individuals. The provisions of chapter 11 are too complicated to summarize briefly.

Read These Important Warnings

Because bankruptcy can have serious long-term financial and legal consequences, including loss of your property, you should hire an attorney and carefully consider all of your options before you file. Only an attorney can give you legal advice about what can happen as a result of filing for bankruptcy and what your options are. If you do file for bankruptcy, an attorney can help you fill out the forms properly and protect you, your family, your home, and your possessions.

Although the law allows you to represent yourself in bankruptcy court, you should understand that many people find it difficult to represent themselves successfully. The rules are technical, and a mistake or inaction may harm you. If you file without an attorney, you are still responsible for knowing and following all of the legal requirements.

You should not file for bankruptcy if you are not eligible to file or if you do not intend to file the necessary documents.

Bankruptcy fraud is a serious crime; you could be fined and imprisoned if you commit fraud in your bankruptcy case. Making a false statement, concealing property, or obtaining money or property by fraud in connection with a bankruptcy case can result in fines up to \$250,000, or imprisonment for up to 20 years, or both. 18 U.S.C. §§ 152, 1341, 1519, and 3571.

Chapter 12: Repayment plan for family farmers or fishermen

| | | filing fee |
|---|-------|--------------------|
| + | \$75 | administrative fee |
| | \$275 | total fee |

Similar to chapter 13, chapter 12 permits family farmers and fishermen to repay their debts over a period of time using future earnings and to discharge some debts that are not paid.

Chapter 13: Repayment plan for individuals with regular income

| | \$310 | total fee |
|---|-------|--------------------|
| + | \$75 | administrative fee |
| | \$235 | filing fee |

Chapter 13 is for individuals who have regular income and would like to pay all or part of their debts in installments over a period of time and to discharge some debts that are not paid. You are eligible for chapter 13 only if your debts are not more than certain dollar amounts set forth in 11 U.S.C. § 109.

Under chapter 13, you must file with the court a plan to repay your creditors all or part of the money that you owe them, usually using your future earnings. If the court approves your plan, the court will allow you to repay your debts, as adjusted by the plan, within 3 years or 5 years, depending on your income and other factors.

After you make all the payments under your plan, many of your debts are discharged. The debts that are not discharged and that you may still be responsible to pay include:

- domestic support obligations,
- most student loans,
- certain taxes,
- debts for fraud or theft,
- debts for fraud or defalcation while acting in a fiduciary capacity,
- most criminal fines and restitution obligations,
- certain debts that are not listed in your bankruptcy papers,
- certain debts for acts that caused death or personal injury, and
- certain long-term secured debts.

Warning: File Your Forms on Time

Section 521(a)(1) of the Bankruptcy Code requires that you promptly file detailed information about your creditors, assets, liabilities, income, expenses and general financial condition. The court may dismiss your bankruptcy case if you do not file this information within the deadlines set by the Bankruptcy Code, the Bankruptcy Rules, and the local rules of the court

For more information about the documents and their deadlines, go to:

http://www.uscourts.gov/bkforms/bankruptcy_forms.html#procedure.

Bankruptcy crimes have serious consequences

- If you knowingly and fraudulently conceal assets or make a false oath or statement under penalty of perjury—either orally or in writing—in connection with a bankruptcy case, you may be fined, imprisoned, or both.
- All information you supply in connection with a bankruptcy case is subject to examination by the Attorney General acting through the Office of the U.S. Trustee, the Office of the U.S. Attorney, and other offices and employees of the U.S. Department of Justice.

Make sure the court has your mailing address

The bankruptcy court sends notices to the mailing address you list on *Voluntary Petition for Individuals Filing for Bankruptcy* (Official Form 101). To ensure that you receive information about your case, Bankruptcy Rule 4002 requires that you notify the court of any changes in your address.

A married couple may file a bankruptcy case together - called a *joint case*. If you file a joint case and each spouse lists the same mailing address on the bankruptcy petition, the bankruptcy court generally will mail you and your spouse one copy of each notice, unless you file a statement with the court asking that each spouse receive separate copies.

Understand which services you could receive from credit counseling agencies

The law generally requires that you receive a credit counseling briefing from an approved credit counseling agency. 11 U.S.C. § 109(h). If you are filing a joint case, both spouses must receive the briefing. With limited exceptions, you must receive it within the 180 days **before** you file your bankruptcy petition. This briefing is usually conducted by telephone or on the Internet.

In addition, after filing a bankruptcy case, you generally must complete a financial management instructional course before you can receive a discharge. If you are filing a joint case, both spouses must complete the course.

You can obtain the list of agencies approved to provide both the briefing and the instructional course from:

http://www.justice.gov/ust/eo/hapcpa/ccde/cc_approved.html

In Alabama and North Carolina, go to: http://www.uscourts.gov/FederalCourts/Bankruptcy/BankruptcyResources/ApprovedCredit 20AndDebtCounselors.aspx

If you do not have access to a computer, the clerk of the bankruptcy court may be able to help you obtain the list.

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| In re: | Murphy, Ernest | Case No | | |
|--------|--|--|--|--|
| | Debtor(s) | | | |
| | | Chapter. Chapter13 | | |
| | VERIFICA ⁻ | TION OF CREDITOR MATRIX | | |
| | The above named Debtors hereby verify that t | attached list of creditors is true and correct to the best of their knowledge. | | |
| | | | | |
| Date: | 7/14/2016 | /s/ Murphy, Ernest | | |
| | | Murphy, Ernest | | |
| | | Signature of Debtor | | |

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MIDLAND FUNDING 8875 AERO DR STE 200 SAN DIEGO , CA 92123 USA

MEDICREDIT, INC PO BOX 1629 MARYLAND HEIGHTS , MT 63043 USA

MEDICREDIT, INC PO BOX 1629 MARYLAND HEIGHTS , MT 63043 USA

State of Illinois - Dept of Revenue PO Box 19043 Springfield , IL 62794 USA

Capital One Bank PO Box 71083 Charlotte , NC 28272 USA

Wow Internet & Cable PO Box 63000 Colorado Springs , CO 80962 USA

Illinois Department of Unemployment 4519 W Main St Belleville , IL 62226 USA

City of Chicago Department of Revenue 121 North LaSalle Street Chicago , IL 60602 USA

Village of Maywood 40 Madison Street Maywood, IL 60153 USA

Village of Broadview 2350 S. 25th Avenue Broadview Broadview , IL 60155

Village of North Riverside 2401 S DesPlaines Ave Riverside , IL 60546 USA

VERIZON NATIONAL RECOVERY P.O. BOX 26055 MINNEAPOLIS , MN 55426 USA

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|---|---|---|---|---|---|
| First Name Part St. Answer These Q | Middle Name uestions for Reporti | Last Name ng Purposes | | | VIII. 1 |
| 16. What kind of debts do you have? | 16a. Are your deb as "incurred b No. Go to ✓ Yes. Go to 16b. Are your deb obtain money investment. ☐ No. Go to ☐ Yes. Go to | ts primarily consulty an individual primaline 16b. Ine 17. ts primarily busine for a business or involved the 16c. Ine 17. | mer debts? Consumer debt arily for a personal, family, ess debts? Business debts westment or through the ope nat are not consumer debts | or household p are debts that eration of the b | ourpose." you incurred to ousiness or |
| 17. Are you filing under Chapter 7? Do you estimate that after any exempt property is excluded and administrative expenses are paid that funds will be available for distribution to unsecured creditors? | Yes. I am filing und paid that fund No. Yes. | under Chapter 7. Go to lir er Chapter 7. Do you estir s will be available to distril | ne 18. nate that after any exempt property bute to unsecured creditors? | is excluded and ad | Iministrative expenses are |
| 18. How many creditors do you estimate that you owe? | ✓ 1/49 ☐ 50-99 ☐ 100-199 ☐ -200-999 | | 1,000-5,000 5,001-10,000 10,001-25,000 | 50,00 | 01-50,000 01-100,000 than 100,000 |
| 19. How much do you estimate your assets to be worth? | \$0-\$50,000 \$50,001-\$100,00 \$100,001-\$500,0 \$500,001-\$1 mill | 00 | \$1,000,001-\$10 million \$10,000,001-\$50 million \$50,000,001-\$100 million \$100,000,001-\$500 million | ☐ \$1,00 ☐ \$10,0 | ,000,001-\$1 billion 00,000,001-\$10 billion 000,000,001-\$50 billion than \$50 billion |
| 20. How much do you estimate your liabilities to be? | ☑ \$0-\$50,000 ☐ \$50,001-\$100,00 ☐ \$100,001-\$500,0 ☐ \$500,001-\$1 milli | 0 00 | \$1,000,001-\$10 million \$10,000,001-\$50 million \$50,000,001-\$100 million \$100,000,001-\$500 million | ☐ \$1,00 ☐ \$10,0 | ,000,001-\$1 billion 0,000,001-\$10 billion 100,000,001-\$50 billion than \$50 billion |
| Part 7: Sign Below For you | and correct. If I have chosen to for 13 of title 11, Unit proceed under Chap If no attorney repres fill out this documen I request relief in acc I understand making | ile under Chapter 7, ed States Code. I unter 7. ents me and I did no t, I have obtained an cordance with the ch a false statement, c | are under penalty of perjury I am aware that I may produce the relief available of pay or agree to pay some ad read the notice required the payer of title 11, United States concealing property, or obtained as 13571 | eed, if eligible e under each o eone who is no by 11 U.S.C. § tes Code, spec ining money o | , under Chapter 7, 11,12, chapter, and I choose to of an attorney to help me 342(b). Offied in this petition. |

7/13/2016 MM / DD / YYYY Signature of Debtor 2

Executed on _

/s/ Emest Murphy / Signature of Debtor

Executed on ___

MM / DD / YYYY

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| | | Docu | ment Page 64 of | 67 | 2 000 |
|--|------------------------------|---|---|---|--|
| Fill in this info | rmation to identify your cas | er . | | | |
| Debtor 1 | Ernest First Name | Middle Name | Murphy Last Name | | |
| Debtor 2 (Spouse, if fili | ng) First Name | Middle Name | Last Name | | |
| United States Case number (If known) | Bankruptcy Court for the: | Northern | District of Illinois (State) | | |
| Official | Form 106De | <u>C</u> | *************************************** | | Check if this is an amended filing |
| Declara | ition About ai | n Individual De | btor's Schedule | <u>s</u> | 12/15 |
| If two married | people are filing togethe | r, both are equally respons | ible for supplying correct inforr | nation. | |
| You must file t property by fra 1519, and 3571 | add in connection with a | ile bankruptcy schedules or bankruptcy case can result | r amended schedules. Making a In fines up to \$250,000, or impri | false statement, concealing sonment for up to 20 years, | g property, or obtaining money or or both. 18 U.S.C. §§ 152, 1341, |
| Parids Sig | n Below | | | | |
| Did you j | pay or agree to pay some | one who is NOT an attorney | y to help you fill out bankruptcy | forms? | Andrew Communication (Communication Communication Communication Communication Communication) |
| ☑ No | | | | | |
| ☐ Yes. | Name of person | | Attach Bankruptcy Petition Signature (Official Form 1 | n Preparer's Notice, Declaratio 19). | on, and |
| | | | | | |

Signature of Debtor 2

MM/DD/YYYY

Under penalty of perjury, I declare that I have read the summary and schedules filed with this declaration and

that they are true and correct.

Signature of Debtor 1

MM/DD/YYYY

Date 7/13/2016

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Declaration, and Signature (Official Form 119).

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UNITED STATES BANKRUPTCY COURT Northern District of Illinois

| In re: | Murphy, Ernest | Case No | |
|--------|---|---|-------------------------------------|
| - | Debtor(s) | Cdse No. | |
| | | Chapter. | Chapter13 |
| | VERIFIC | ATION OF CREDITOR MATRIX | |
| | The above named Debtors hereby verify the | t the attached list of creditors is true and corre | ect to the best of their knowledge. |
| Data | 7400040 | Q | 1.1.1 |
| Date: | 7/13/2016 | /s/ Murphy, Ernest Murphy, Ernest Signature of Debtor | t With |

Case 16-22645 Filed 07/14/16 Entered 07/14/16 15:25:48 Desc Main Doc 1 Document Page 67 of 67 Debtor 1 Ernest First Name Middle Name Last Name Calculate the median family income that applies to you. Follow these steps: 16a. Fill in the state in which you live. Illinois 16b. Fill in the number of people in your household. 16c. Fill in the median family income for your state and size of household \$49,741.00 To find a list of applicable median income amounts, go online using the link specified in the separate instructions for this form. This list may also be available at the bankruptcy clerk's office. 17. How do the lines compare? 17a. Line 15b is less than or equal to line 16c. On the top of page 1 of this form, check box 1, Disposable income is not determined under 11 U.S.C. § 1325(b)(3). Go to Part 3. Do NOT fill out Calculation of Disposable Income (Official Form 122C-2). 17b. Line 15b is more than line 16c. On the top of page 1 of this form, check box 2, Disposable income is determined under 11 U.S.C. § 1325(b)(3). Go to Part 3 and fill out Calculation of Disposable Income (Official Form 122C-2). On line 39 of that form, copy your current monthly income from line 14 above. Calculate Your Commitment Period Under 11 U.S.C. §1325(b)(4) Part 3 Copy your total average monthly income from line 11. 18. \$196.00 Deduct the marital adjustment if it applies. If you are married, your spouse is not filing with you, and you contend that calculating the commitment period under 11 U.S.C. § 1325(b)(4) allows you to deduct part of your spouse's income, copy the amount from line 13. 19a. If the marital adjustment does not apply, fill in 0 on line 19a. -\$0.00 19b. Subtract line 19a from line 18. \$196.00 Calculate your current monthly income for the year. Follow these steps: 20a. Copy line 19b. \$196,00 Multiply by 12 (the number of months in a year). x 12 20b. The result is your current monthly income for the year for this part of the form. \$2,352.00 20c. Copy the median family income for your state and size of household from line 16c. \$49,741.00 21. How do the lines compare? Line 20b is less than line 20c. Unless otherwise ordered by the court, on the top of page 1 of this form, check box 3, The commitment period is 3 years. Go to Part 4. Line 20b is more than or equal to line 20c. Unless otherwise ordered by the court, on the top of page 1 of this form, check box 4, The commitment period is 5 years. Go to Part 4. Pait4x Sign Below By signing here, I declare under penalty of perjury that the information on this statement and in any attachments is true and correct. /s/ Ernest Murphy

Signature of Debtor

MM/DD/YYYY

If you checked 17a, do NOT fill out or file Form 122C-2.

Date 7/13/2016

If you checked 17b, fill out Form 122C-2 and file it with this form. On line 39 of that form, copy your current monthly income from line 14 above.

Signature of Debtor 2

Date

MM/DD/YYYY